**BUTTE COUNTY**

**CHILDREN AND FAMILIES COMMISSION**

# STRATEGIC PLAN

1st Adopted - November 17, 2000
2nd Annual Review – November 30, 2001
3rd Annual Review – November 29, 2002
4th Annual Review – November 21, 2003

Butte County Children and Families Commission
202 Mira Loma Drive, Suite 29
Oroville, California 95965

Butte County Children and Families Commission

The Butte County Board of Supervisors originally appointed the following members of the Butte County Children and Families Commission in spring of 1999:

- Patricia Cragar, Director, Butte County Department of Social Welfare
- Jane Dolan, Chair, Butte County Board of Supervisors
- Marian Gage, Coordinator, Butte County Office of Education
- Gary House, Director, Butte County Department of Public Health
- Mark Lundberg, Health Officer, Butte County Department of Public Health
- Sandra Machida, Department Chair, California State University, Chico
- Linda Moore, Director, Calvary Lutheran Children's Center
- Deborah Rowell, Executive Director, Exceptional Family Support, Education & Advocacy Center of Northern California
- Gene Smith, Regional Coordinator, CA Resource and Referral Network

In the spring of 2001, the County Board of Supervisors appointed Commissioners Dolan, Lundberg, Machida, and Smith for another two- year term.

Commission membership remained the same from inception until spring of 2002 when the County Board of Supervisors appointed Karen Marlatt to fill a vacancy resulting from the death of Commissioner Deborah Rowell. In spring of 2002, Commissioners Gage and Moore were appointed for another two-year term.

In the summer of 2003, Commissioners Dolan, Lundberg, Machida, and Smith were appointed for another two-year term. Commissioner, Phyllis Murdock filled the permanent appointment position as the Director of Butte County Department of Public Health in the summer of 2003 upon the retirement of Commissioner House. And, in the summer of 2003, the County Board of Supervisors appointed Jeff Fontana and Mary Neumann as alternate commission members.

**ACKNOWLEDGEMENTS**

The Children and Families Commission wishes to acknowledge and extend their deepest appreciation to all of the individuals whom have given so generously of their time and expertise. Because of your contributions, we are able to present a plan that is stronger, more credible, and truly reflective of the input of communities and individuals throughout the county. Thanks to the people listed below, and the many community members – too numerous to name individually – who participated in community forums and focus groups, we feel that we have succeeded in developing a plan that will serve us well as we begin our efforts to improve address the needs Butte County's youngest children and their families. We will continue to seek involvement from those who have participated thus far and from others in our community.

Original Commissioner Strategic Planning Committee:

- Pat Cragar,
- Marian Gage, Co-Chair
- Sandra Machida
- Gene Smith, Co-Chair

Original Commissioner Community Outreach Committee:

- Jane Dolan, Co-Chair
- Mark Lundberg
- Linda Moore
- Deborah Rowell, Co-Chair

Original Advisory Committee Representatives:

- Butte County Local Child Care Planning Council: Gloria Balch, Heather Senske
- Children's Services Coordinating Council: Gloria Balch, Amy Christianson, Cathi Grams, Heather Senske
- Child Abuse Prevention Council: Gloria Balch, Nancy Fern, Debra Henley, Margie Ruger

ORIGINAL GROUPS' FORMALLY RECOGNIZED AS PLANNING PARTNERS:

- League of Women Voters: Yolanda Holt, Janet Wilson
- Perinatal Council: Barbara Clifford, Ann Dickman, Debra Henley, Julie Wetmore
- Butte County Tobacco Prevention Coalition: Phyllis Bond, Gina Ellena, Brian Peterson

ORIGINAL INDIVIDUAL PARTICIPANTS:

- Sher Crawford, Community Action Agency – Head Start
- Patty Davis, Community Representative
- Trynn Dionne, Data Collection - contracted by BCCFC
- Steve Erwin, Community Representative
- Tamie Gomez, Community Representative
- Gloria Halley, Butte County Office of Education
- Bill Hubbard, North Valley Community Foundation
- Gene Lucas, Community Representative
- Dan Nguyen-Tan, North Valley Community Foundation
- Joan Ortega, Butte County Department of Behavioral Health
- Michelle Parker, Community Action Agency – Head Start
- Joy Todd, Community Representative
- Emily Weber, Far Northern Regional Center
- Jana Wilson, Butte County Office of Education
- Anna Dove, Public Health Department
- Cathi Grams, Department Social Welfare
- Cindy Young, Butte County Office of Education
- Insu Hyams, Department Public Health
- Kiyomi Bird, Department Public Health

**BUTTE COUNTY CHILDREN AND FAMILIES COMMISSION**
**STRATEGIC PLAN**

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## 1. EXECUTIVE SUMMARY

### Proposition 10

In November 1998, the California electorate voted in favor of Proposition 10, "The California Children and Families First" Initiative, which then became effective on January 1, 1999. The initiative levies a tax on cigarettes and other tobacco products in order to provide funding for local early childhood development programs. Proposition 10's ultimate goal is to enhance the early growth experiences of children, enabling them to be more successful in their school careers and lead better lives.

Funding is intended to help develop a comprehensive and integrated system for early childhood development services centered around four strategic results – Strong Families, Healthy Children, and Children Learning and Ready for School, and Improved Systems. The Act emphasizes local decision-making to provide greater local flexibility in designing service delivery systems and eliminating duplicative administration. These decisions rest with county-based Commissions under the guidance of the State Commission. In order to receive funds from the Proposition 10 trust, each county must adopt a comprehensive, integrated strategic plan that reflects an outcomes-based accountability process for investing resources provided by the Act.

### The Butte County Children and Families Commission

Following passage of Proposition 10, the Butte County Board of Supervisors approved the required action establishing a County Commission and a dedicated Trust Fund. This initial action established the parameters and membership of the Commission as outlined in the state proposition. The Board of Supervisors originally selected nine persons to serve on the Commission with a desire to include broad community representation.

In the spring of 2001, the County Board of Supervisors appointed Commissioners Dolan, Lundberg, Machida, and Smith for another two- year term.

Commission membership remained the same from inception until spring of 2002 when the County Board of Supervisors appointed Karen Marlatt to fill a vacancy resulting from the death of Commissioner Deborah Rowell. In spring of 2002, Commissioners Gage and Moore were appointed for another two-year term.

In the summer of 2003, Commissioners Dolan, Lundberg, Machida, and Smith were appointed for another two-year term. Commissioner, Phyllis Murdock filled the permanent appointment position as the Director of Butte County Department of Public Health in the summer of 2003 upon the retirement of Commissioner House. And, in the summer of 2003, the County Board of Supervisors appointed Jeff Fontana and Mary Neumann as alternates totaling eleven Commission members.

The current Commission includes the following:

- Patricia Cragar - Butte County Department of Social Welfare, Director
- Jane Dolan - Board of Supervisors, Member
- Marian Gage - Butte County Office of Education, Coordinator
- Mark Lundberg - Butte County Department of Public Health, Health Officer
- Sandra Machida - California State University, Chico, Professor of Psychology & Program Coordinator
- Linda Moore - Calvary Lutheran Children's Center, Director
- Karen Marlatt - Community Action Agency – Head Start, Special Education Coordinator
- Phyllis Murdock - Butte County Department of Public Health, Director
- Gene Smith - California Child Care Resource and Referral Network, Regional Coordinator
- Alternate: Jeff Fontana - Butte County Department of Employment and Social Services, Public Information Officer
- Alternate: Mary Neumann - Parent Education Network, Finance Director

Vision

All Butte County children will be born healthy and valued. They will be safe, capable, healthy, strong and active learners. Our children will grow up in a nurturing family and community that help them to achieve their full potential and be successful in life.

Mission

The Butte County Children and Families Commission is dedicated to identifying and supporting the provision of a county-wide, comprehensive, integrated system of early childhood development and health services that will lay the emotional, social, physical, and intellectual foundation for every child to thrive and enter school ready to learn and later become a productive, well adjusted member of society.

**The Planning Process**

The term "strategic planning" refers to a coordinated and systematic process for developing a plan for the overall course and direction of the endeavor or enterprise in order to optimize future potential. The central purpose of this process is to ensure that the course and direction is well thought out, sound and appropriate and to ensure that the limited resources of the enterprise (time and capital) are sharply focused in support of that course and direction. The process encompasses both strategy formulation and implementation. The Commission began meeting regularly in July of 1999 and immediately began working on the strategic plan.

The following designated Advisory Committees to the Commission participate in development and annual reviews of the Strategic Plan:

The Butte County Local Child Care Planning Council (LPC)

This collection of individuals represents a broad spectrum of children's services. Its primary focus is to plan for and positively impact early care and education received by the children and families of Butte County. Assembly Bill 1542 designated Local Planning Councils as the mandated entity responsible for countywide needs assessment, short and long range collaborative planning, and service delivery prioritization. Service consumers and providers, agencies and community representatives are included in the LPC's broad representation. The LPC's perspective, expertise and practical experience will facilitate identification of needs and service gaps with a comprehensive approach to early childhood education and early cares issues. As the Commission's designated Advisory Committee, the LPC worked with and supported the strategic planning process and other activities of the Commission.

Children's Services Coordinating Council (CSCC):

This group promotes and encourages the provision of comprehensive services for children and families in Butte County through interagency coordination. The primary purpose and mission of the CSCC is to facilitate the delivery of effective human services to children and their families in need in Butte County. CSCC seeks to accomplish this mission through education, interagency coordination, planning and the identification of resources to maximize the delivery of services to those most in need. This Council was established in response to, and in accordance with SB997 (Chapter 12.8 of the Welfare and Institutions Code.) As the Commission's designated Advisory Committee, CSCC acted in an advisory capacity to the Commission so as not to duplicate, research and resources in Butte County.

Child Abuse Prevention Council (CAPC):

This team serves as Butte County's Child Abuse Prevention Council, as outlined in Chapter 12.5 of the Welfare & Institutions Code, and coordinates efforts to prevent and respond to child abuse. Functions of the council include providing a forum for interagency coordination in the prevention, detection and treatment of child abuse, promoting public awareness of child abuse and neglect and the resources available for intervention/treatment, and providing training for professionals and community members. Representation on the Child Abuse Prevention Council includes members from public child welfare, public health and behavioral health, local perinatal council, criminal justice system, public/private schools, community-based social service agencies, private family therapists, local hospitals, and interested community members. As a designated Advisory Committee, the Child Abuse Prevention Council acted in an advisory capacity to the Commission on local needs and resources in child abuse prevention and treatment.

These Advisory Committees contribute in a number of ways to the development of the strategic plan and annual revisions. Some examples include the following:

- Contributing expertise and diverse professional perspectives.
- Assisting with coordination and facilitation of public outreach, input and forums.
- Identifying and prioritizing needs and service gaps.
- Collaborating during the integrated service planning development.

- Interfacing between other advisory committees, the Commission and interested groups.
- Accessing and disseminating matching funding information for Proposition 10 dollars.

Other recognized community groups/councils that participate in the strategic planning process include the following:

- Perinatal Council
- Butte County Tobacco Prevention Coalition
- League of Women Voters

A number of Ad Hoc committees comprised of commissioners are utilized for specific tasks or issues. In some instances Ad Hoc Committees include advisory group representatives and community members. For example, administration, contract awards, school readiness, strategic planning & evaluation, and child care retention are Ad Hoc Committees of the Commission.

**Community Assessment**

Three major community assessment activities helped to move the plan's progress forward. First, during February, March and April 2000, the Strategic Planning Committee collected and reviewed twenty-six community assessment documents related to the four focus areas of the strategic plan. In this way, the Commission made use of existing relevant and timely documentation of the critical needs of children and families in Butte County without duplicating the efforts of other area agencies.

Twelve focus groups took place in May and June 2000. Focus groups were held in Chico, Oroville, Mooretown Rancheria and Paradise. Participants were parents, service providers and other community members representing the Native American population, Hmong population, mom's play groups Migrant Head Start parents group, parents with special needs children, young parents and the Butte County Local Child Care Planning Council. In all, over 400 individuals participated in the assessment of community needs and assets. Sixty-one individuals completed surveys.

**Focus Areas and Outcome Statements**

In year 2000, the Commission adopted four focus areas, based on the priorities set by the Children and Families Initiative, from which to develop outcomes and objectives. These focus areas are: Healthy Families; Early Care and Education; Improved Family Functioning; and Improved Systems for Families. For each of the focus areas, the Commission developed outcome statements that articulated their hopes for children and families in Butte County as a result of comprehensive programs and services implemented with the assistance of Proposition 10 funding.

Focus Area One: Healthy Children –

1. Pregnant women, children ages 0-5, and their families will receive comprehensive, preventive, and affordable health services

2. Parents/caregivers will provide nurturing, safe, and healthy environments for children from the prenatal stage to 5 years of age.

Focus Area Two: Early Care and Education

1. Children will receive care by nurturing, supportive, knowledgeable adults in stable, safe and stimulating environments.

2. Children will be well and ready to learn in kindergarten

3. Children will have affordable, quality childcare and early childhood programs available to them.

Focus Area Three: Improved Family Functioning – Strong Families

1. Children will thrive in safe and nurturing families.
2. Children will receive physical, emotional, and intellectual support at home, in school, and in the community.

3. Children will be well, ready, and able to learn in kindergarten.

Focus Area Four: Improved Systems for Families – Integrated, Accessible, and Culturally Appropriate

1. Programs will be delivered in a comprehensive and collaborative manner that reduces duplication and improves accessibility to all populations through enhanced communication and coordination.

In years **2002/2003**, the Commission adopted the following revised definition of terms, four prioritized result areas, and desired outcomes for strategic and fiscal years 04 – 05 through 06 - 07 funding allocation plan inclusion:

Revised Definition of Terms

- Result = condition of well being for children, families, and the community. Answers the question: "What do we ultimately want for this population"?
- Desired Outcomes = help to realize the result. Answers the question: "What are the areas we need to address to realize the results"?
- Indicators = quantify the desired outcomes. Answers the question: "How would we recognize the desired outcomes in measurable terms"?
- Strategies = possible actions taken to achieve the desired outcomes. Answers the question: "What steps will it take to get there"?
- Performance Measures = specific level of change desired during the duration of project or plan. Answers the question: "How much change occurred"?

**Prioritized Result Areas and Desired Outcomes for fiscal years 04 –05 through 06 - 07**

1. Result Area: Children are born and remain healthy and well nourished.

Desired Outcomes: Parents are tobacco, drug, and alcohol free. Parents are knowledgeable and supportive in providing for the health needs of their children. Children reach optimal health and dental milestones. Women achieve optimal health during pregnancy.

2. Result Area: Early Care and Education Providers are competent, qualified, and remain in the profession.

Desired Outcomes: Stabilized provider workforce. Providers are adequately compensated. Providers have knowledge and abilities to improve children's school readiness and success. There is sufficient supply of providers. Informal/exempt providers have basic early childhood education.

3. Result Area: Children are ready to enter school and progress successfully.

Desired Outcomes: Parents have knowledge and abilities to support school readiness and success in continued learning. Children demonstrate developmentally appropriate competencies in self-care, social, emotional, cognitive, physical, and communication skills. Early care and education profession meets the demand for services. Schools and early childhood educators support children's successful transition.

4. Result Area: Families are nurturing and supportive in their children's social and emotional health
Desired Outcomes: Children thrive in safe and stable homes. Parents demonstrate effective parenting skills. Parents are tobacco, drug, and alcohol free. Mental health and alcohol, drugs, and tobacco prevention services meet demand.

**Indicators, Strategies and Performance Measures**

In year 2000, based on community input and their extensive needs assessment, the Commission developed a number of possible objectives, corresponding sample strategies, and evaluation measures that will lead to successful outcomes for Butte County's youngest children and their families. The sample strategies identified by the Commission are not meant to be limiting, but rather are examples that illustrate acceptable approaches to achieving the intended results. The objectives, sample strategies and evaluation measures are in sections five, six and seven of the Strategic Plan.

In years **2002/2003**, the Commission selected and matched specific indicators including local and Statewide Proposition 10 Evaluation and Data System (PEDS) indicators. These selected indicators were matched with the newly prioritized Results and Desired Outcomes.

The objectives from the original goals statements were identified as possible strategies during the **2002/2003**-prioritization process.

In years **2002/2003**, the Commission also established the Strategic Plan and Evaluation Committee to develop a multi-level evaluation plan, which will address the following:

1. Identify and monitor relevant community level indicators (for example the percent of babies born with low birth weight and the substantiated numbers of children, who are rescued from dangerous drug environments,

2. Evaluate the commission's adherence to its mission, goals, and operating principles,

3. Support continuous improvement by developing performance measures, which capture the milestones achieved and overall effectiveness of funded programs.

The Commission understands that a local, outside evaluation process is desirable and such an evaluation process will be implemented during the fiscal year 04. Therefore, in January 2004, the Commission will release its Request for Qualifications to contract outside evaluation services for current and future grantee projects – all linked to the statewide Prop 10 Evaluation and Data System (PEDS). The Strategic Plan & Evaluation Ad Hoc Committee continues to guide and develop the Commission's overall evaluation planning efforts.

The School Readiness Initiative in Butte County for the **2002/2003** fiscal years was a planning/implementation effort, identifying target schools and preparing for the implementation of School Readiness direct services during the next four-year period. Evaluation is one of the key factors, and is in place as a result of planning conducted during **2002/2003**, using the State Commission's School Readiness planning funds offered to participating County Commissions.

**Resource Allocation**

The strategic plan, financial plan, funding allocation plan, and annual budget, provide different and interrelated financial information.

The strategic plan is the overarching policy document for the commission, providing consistent policy direction for the financial plan, funding allocation plan, and budget.

The Commission adopted a financial plan in fall of 2002. The financial plan forecasts revenues and expenses. It is the Commission's guiding financial framework for the funding allocation plan and annual budget.

The funding allocation plan was adopted in spring of 2003. It describes how funds will be allocated among programs, grants, and initiatives for fiscal years 04-05 through 06-07. The funding allocation plan identifies strategic plan priority areas including percentage allocation of funds per focus area. Both the financial plan and the funding allocation plan drive the annual budget detail.

**Equity Principles**

In year 2002, Commissioner, Deborah Rowell recommended the Commission consider adopting the State Commission's Equity Principles. Recognizing significant gaps and disparities in the provision of services for children and their families, the Equity Principles address the importance of inclusiveness for all children prenatally to five years of age, regardless of immigration status, who:

- Are from different ethnic, linguistic, cultural, socio-economic, religious, geographical and/or other historically or currently under-served communities; or
- Have disabilities and other special needs.

The Commission's Administration Committee recommended adoption of the Equity Principles on April 5, 2003 for consideration in all aspects of strategic planning and program implementation and is now included as an appendix to the Butte County Children and Families Strategic Plan.

## 2. BACKGROUND

### Background on Proposition 10

In November 1998, the California electorate voted in favor of Proposition 10, "The California Children and Families First" Initiative, which then became effective on January 1, 1999. The initiative levies a tax on cigarettes and other tobacco products in order to provide funding for local early childhood development programs. Proposition 10's ultimate goal is to enhance the early growth experiences of children, enabling them to be more successful in their school careers and lead better lives.

Revenues generated from the tobacco tax will be used for the following:

- To create a comprehensive and integrated delivery system of information and services to promote early childhood development.
- Provide funds to existing community based centers or establish new centers that focus on parenting education, child health and wellness, early childcare and education, and family support services.
- Provide assistance to pregnant women and parents of young children who want to quit smoking.

Since January 1999, tobacco tax revenues have been accumulated into a designated trust fund to meet the needs of children ages prenatal to 5 throughout the state. Over $600 million per year is being placed in this trust fund. 80% of these funds are then allocated to the 58 counties of the state according to the live birth rate of each county. The remaining 20% of the money are directed to statewide programs, research, and media campaigns.

Funding is intended to help develop a comprehensive and integrated system for early childhood development services centered around three strategic results – Strong Families, Healthy Children, and Children Learning and Ready for School. The Act emphasizes local decision-making to provide greater local flexibility in designing service delivery systems and eliminating duplicative administration. These decisions rest with county-based Commissions under the guidance of the State Commission. In order to receive funds from the Proposition 10 trust, each county must adopt a comprehensive, integrated strategic plan that reflects an outcomes-based accountability process for investing resources provided by the Act.

Annual Amount of Tax Revenue Available

The projected average annual tax revenue for the Butte County Children and Families Commission is approximately 2 million dollars. The funding revenue is expected to decline as fewer people in California purchase cigarettes.

### Description of BCCFC Inception

Following passage of Proposition 10, the Butte County Board of Supervisors quickly approved the required action establishing a County Commission and a dedicated Trust Fund. This initial action established the parameters and membership of the Commission as outlined in the state proposition. This action co-opted Ordinance 3470 on December 15, 1998. Following this

action, the county decided to take a more comprehensive look at the ordinance to include sections reflecting local conditions and policies.

The County Administrative Officer and County Public Health Director formed an Ad Hoc Committee to bring these changes to the Board of Supervisors for Public Hearings. These changes were adopted in Ordinances 3517 and 3555 in May 15, 1999 and September 29, 1999, respectively.

The Board of Supervisors directed that a broad scale recruitment of persons interested in serving on the Commission be done through both news releases and paid advertisement. There were 24 letters of interest from people wishing to serve. The Ad Hoc Committee developed a questionnaire seeking information about the qualifications and interests of these applicants. The Board of Supervisors selected the nine persons to serve on the Commission with a desire to include broad community representation.

In the spring of 2001, the County Board of Supervisors re-appointed Commissioners Dolan, Lundberg, Machida, and Smith for another two-year term. Commission membership remained the same from inception until spring, 2002 when the County Board of Supervisors appointed Karen Marlatt following the death of Deborah Rowell. In spring 2002, Commissioners Gage and Moore were also re-appointed for another two-year term.

**Vision, Mission & Guiding Principles**

Vision:

All Butte County children will be born healthy and valued. They will be safe, capable, healthy, strong and active learners. Our children will grow up in a nurturing family and community that help them to achieve their full potential and be successful in life.

Mission:

The Butte County Children and Families Commission is dedicated to identifying and supporting the provision of a count-wide, comprehensive, integrated system of early childhood development and health services that will lay the emotional, social, physical, and intellectual foundation for every child to thrive and enter school ready to learn and become productive, well adjusted members of society.

Guiding Principles:

The Butte County Children and Families Commission is committed to a community based process that honors the social, emotional, cultural and ethnic diversity of its community and families by:

- Honoring the diversity of families.
- Identifying community strengths and needs to support a comprehensive and collaborative system facilitating integrated, effective and efficient service delivery.
- Practicing wise stewardship and ensuring program accessibility, availability, accountability and quality.

- Respecting and fostering families' capacities and skills by promoting effective parenting and child development strategies that include increasing children's strengths and assets.

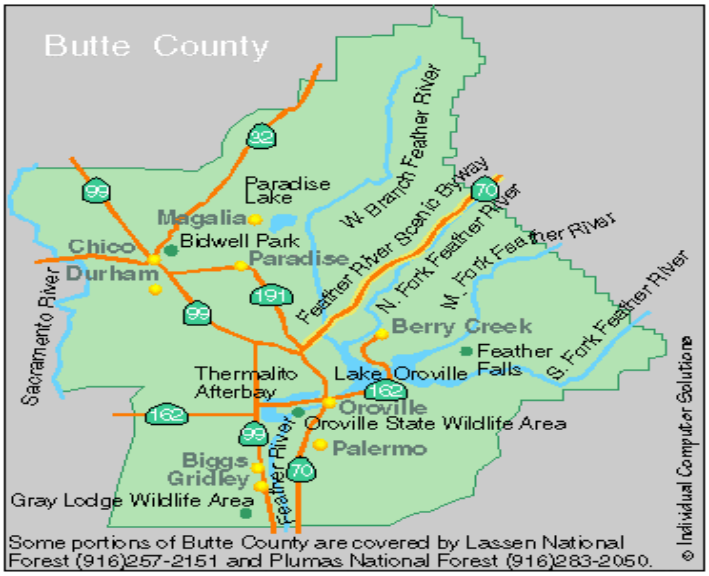
- Including health promotion programs, specifically tobacco prevention and cessation programs and services.

- Including best practices for optimum child development.

**County Description beginning in Decade 2000**

Butte County is located in the northeastern Sacramento Valley, with a population of approximately 200,000 residents. It encompasses 1,049,340 acres of land, 42% of which is farmland. It is a largely rural county with suburban areas integrated throughout. It has large areas of sparse population and somewhat limited industry. Historically it is rich in agriculture including nut, rice, olive, prune, peach, and kiwi production. The western edge of the county, bordered by the Sacramento River and the eastern boundary nestled in the lower foothills of the Sierra Nevada Mountain Range are diverse in their landscapes. Two major rivers and their forks carve the valley into geographically separate areas with differing climates, recreational activities and terrain. The county is characterized by cultural diversity and offers opportunities for cultural enrichment, recreation and relaxation in a non-congested, rural environment.

There are five municipalities including 4 incorporated cities and one town in Butte County. These include Biggs, Chico, Gridley, Oroville and Paradise with the remainder of the population (51%) residing in unincorporated land.



| BUTTE COUNTY POPULATION: 1999 | | | |
|---|---|---|---|
| **Land area: 1,049,340 acres** | | | |
| Total Population | 201,900 | Biggs | 1,750 |
| Percent of CA | 6% | Chico | 54,100 |
| Population in households | 197,268 | Gridley | 5,025 |
| Population per household | 2.418 | Oroville | 12,600 |
| 0 to 3 years | 6,816 | Paradise | 26,250 |
| 3 to 5 years | 8,206 | Unincorporated | 102,200 |
| Total | 15,026 | Total | 201,900 |

Source: California Department of Finance, Demographic Research Unit

The County has a diverse ethnic population. African American, Asian, Asian Indian, Hispanic and Native American populations are represented throughout the county. As noted in the population table, Butte County has a population of over 200,000 residents. According to the 1990 Census, the median age was 33.8. Since the Census, the county population has grown by 12%, with an overall growth rate of almost 43% in the past 20 years. Ethnically, the population is predominately White (85%), with a growing Hispanic population (8%). The county's residents also include American Indians, Asian Pacific Islanders and Hmong and Laotians. In 1998, 17% of children born were Hispanic.

| DEMOGRAPHICS – BUTTE COUNTY: 1998 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Ethnicity** | **Total Population** | **%** | **Children Ages 0-17** | **%** | **Children ages 0-5** | **%** | **Births** | **%** |
| **All** | 201,303 | 100% | 49,549 | 100% | 15,325 | 100% | 2,267 | 100% |
| **African-American** | 2,655 | 1.3% | 889 | 1.8% | 299 | 2.0% | 38 | 1.7% |
| **Asian** | 7,789 | 3.9% | 3,339 | 6.7% | 1,318 | 8.6% | 147 | 6.5% |
| **Latino** | 17,272 | 8.6% | 6,355 | 12.8% | 2,325 | 15.2% | 383 | 16.9% |
| **Native American** | 3,288 | 1.6% | 880 | 1.8% | 251 | 1.6% | 56 | 2.5% |
| **White** | 170,299 | 84.6% | 38,086 | 76.9% | 11,132 | 72.6% | 1,643 | 72.5% |

Births: Source: 1998 California Birth Certificate data
Source: California Department of Finance, Demographic Research Unit

## FAMILY ECONOMICS

The families of Butte County experience a broad spectrum of economic situations. The median household income in Butte County is $28,229. In 1998, the fair market rent for two-bedroom housing in 1998 was $554, nearly 58% of a minimum wage salary of $11,960 per year. The number of parents entering the workforce through low paying entry level positions requiring non-traditional work schedules is increasing due to the results of welfare reform.

| **ECONOMICS: 1997** | |
|---|---|
| | |
| Per capita income | $19,715 |
| Percent of California | 74.9% |
| County Rank | 36 |
| Average earnings per job | $22,435 |
| Median adjusted gross income | |
| Individual | $21,567 |
| Joint | $36,961 |

Source: California Department of Finance, Economic Research Unit

Research unequivocally shows that growing up in poverty affects children's cognitive and physical development, having its most profound impact on children in their earliest years. According to the Children Now, California County Data Book 1999, Butte County has the 13th highest rate of child poverty among California's 58 counties. There are approximately 40,000 children under the age of 14. Twenty four percent (24%) of these children and 28% of the children under the age five live in poverty ($16,450 or less annual income for a family of four in 1998). In Butte County, almost 29% of the children ages 0-5 receive Temporary Assistance to Needy Families (TANF), exceeding the state average by almost 13 %. TANF is the welfare reform law enacted in 1996. Its purpose is to provide assistance to families with children and to promote job preparation and work. Under CalWORKs, the California Work Opportunity and Responsibility to Kids Program, assistance and services to families with needy children are provided, aid is time-limited and recipients must meet hourly work requirements.

In December 1999, unemployment was slightly above the state average at 6.8% and there were 5,375 CalWORKs cases. The seasonal agriculture industry requires 780,000 person hours of labor and generates $180 million in revenue. In 1999, the 2,272 migrant workers, providing this critical labor force, had approximately 500 children aged 0-5, 42% of whom need child care.

| POVERTY RATES*: 1995 | | | | | |
|---|---|---|---|---|---|
| California | | | Butte County | | |
| Total | Children ages 0-17 | Children ages 0-4 | Total | Children ages 0-17 | Children ages 0-4 |
| 16.5% | 24.3% | 28.6% | 19.0% | 26.7% | 30.1% |

*Percent of total population, children ages 0-17 and ages 0-4 living under the Federal Poverty level in 1995
Source: United States Bureau of the Census Small Area Income & Poverty Estimates Program, Feb. 1999

| CHILDREN RECEIVING TANF*: 1998 | | | | |
|---|---|---|---|---|
| | California | | Butte County | |
| | Children ages 0-17 | Children ages 0-5 | Children ages 0-17 | Children ages 0-5 |
| **All** | 15.2% | 16.3% | 25.1% | 28.8% |
| **African-American** | 39.5% | 45.9% | 52.3% | 67.6% |
| **Asian** | 16.4% | 12.3% | 80.3% | 59.9% |
| **Latino** | 16.3% | 17.0% | 17.5% | 20.5% |
| **Native American** | 17.6% | 19.3% | 26.7% | 34.3% |
| **White** | 9.1% | 10.6% | 20.8% | 25.7% |

*TANF: The percentage of children ages 0-17 & 0-5 in the county who received Temporary Aid to Needy Families (TANF) assistance in July 1998
Source: California Department of Health Services, Medical Care Statistics Section

The number of children who participate in the Women, Infant and Children's Nutrition Program is another indicator of the economic status of children. This program is a supplemental nutrition program that serves pregnant, breastfeeding and postpartum women, infants, and children up to the month of their 5th birthday. In 1999, an average of 4,743 children per month in Butte County participated in this program supporting children's nutrition and therefore positive growth and potential.

| CHILDREN RECEIVING WIC*: 1997 | | | |
|---|---|---|---|
| | | | |
| California | | Butte County | |
| Children ages 0-4 | % of all eligible | Children ages 0-4 | % of all eligible |
| 942,858 | 68.4% | 4,760 | 64.0% |

*Women, Infant and Children (WIC) Supplemental Nutrition Program
Source: California Department of Health Services, WIC Supplemental Nutrition Branch

All of these issues can be viewed from the perspective of family economics. Ultimately, economics can be translated into demonstrated needs, which can be addressed by Proposition 10 planning, and program support.

**HEALTH**

The goal of healthy children requires more than reducing disease. A broad definition of health and wellness includes physical, emotional, developmental and environmental factors. Children's future health and well - being are impacted by the conditions, which they are born into. As a result, issues affecting the perinatal period include early access to prenatal and general health care, premature births, low birth weight and infant mortality are important factors to address. Pregnant women in Butte County continue to access prenatal care later than recommended; furthermore, there is only one county in California with a higher rate of infant mortality.

Our young children face the difficult task of accessing medical and dental care due to lack of insurance or to the paucity of providers who will accept families' payment source. In addition to the physical component of health, there is a tremendous need for services to assess and provide intervention for children's emotional, developmental and environmental needs. Parent's use of tobacco, alcohol and drugs, along with the prevalence of environmental pollutants negatively impacts children's development and overall health.

| BUTTE COUNTY IMMUNIZATIONS: 1999 | | |
|---|---|---|
| | | |
| Location | Percent by Age 2 | Percent by K entry |
| | | |
| California | 63.9 | 91.9 |
| No. California | 67.2 | n / a |
| Butte County | n / a | 91.8 |

Butte County Department of Public Health

Immunizations are one component to disease and injury prevention. Quality of environment and exposure to substances and pollutants are also related. In Butte County, 24% of women enrolled in the WIC program smoke cigarettes. Forty four percent (44%) of the children served through this program are exposed to environmental tobacco smoke (ETS). It follows that Butte County infants, children and pregnant woman are at increased risk of tobacco-related illness or

death due to exposure to ETS, in the home, before or after birth. Unintentional injury is a leading cause of death and hospitalization for children, ages 1-5 years. Research estimates that as many as 90 percent of unintentional injuries are preventable.

Dental health and related services is another significant need of Butte County families. Dental screenings conducted in Northern Sacramento Valley Rural Counties revealed that one third to one half of elementary school children were in need of dental treatment. Forty two percent (42%) of parents surveyed identified that securing a service provider was a barrier even if they had a payment source. In Butte County, there are 121 practicing dentist, only 5 of whom accept any Medi-Cal as a payment source, and one Board certified Pediodontist.

Access to medical insurance is an ongoing issue for Butte County families. In April of 1999 there were 40,578 Medi-Cal participants, 5, 912 between the ages of 0-5. Healthy Families provides health insurance for families at 200% of the Federal Poverty level and has 1,900 Butte County families enrolled.

The earliest years are the foundation for children's positive growth and development. Issues impacting children's potential include low birth weight, early access to prenatal care, teen birth rate and infant mortality. In 1998, less than 73% of pregnant women received 1st trimester prenatal care. Only 61% of Medi-Cal clients received these critical services. Children with developmental disabilities and special needs receive a variety of early intervention services in Butte County. There are 117 children ages 0 to 3 and 97 ages 4 and 5 receiving diverse services based on their condition or need.

**EARLY INDICATORS: 1998**

| | Rate / % | CA Rate / % | CA Rank 1=high |
|---|---|---|---|
| Low birth weight | 4.7% | 6.2% | 6 |
| Prenatal care in 1st trimester | 72.3% | 81.1% | 42 |
| Teen (15-17 yrs) birth rate | 47.4 | 53.2 | 30 |
| Infant mortality | 7.9 | 5.7 | 36 |

Teen birth rate: Birth rate per 1,000 teens aged 15-17. Infant mortality: Death per 1,000 children born

Children need safe healthy environments and care giving in order to realize their full developmental potential. The issues presented here interfere with the healthy development of Butte County children. Strategies are needed that will comprehensively meet these diverse needs.

## WELL-BEING

The California Now, CA Report Card '99 describes the well being of children in terms of eight ranked indicators. Fifty percent (50%) of young children in California live in the ten counties ranking lowest in young children's well being. Butte County is identified as one of these ten counties.

The Children Now – California County Data Book '99, indicates that Butte County has high rates of child abuse reports and children in foster care. In 1998, 6,802 investigations were initiated in Butte County based on reports of child abuse, and the rate of this abuse was 141.5 per 1,000 children younger than 18. Although the number of children abused and/or neglected decreased by 23% in 1998, this issue continues to negatively impact families of Butte County.

Research shows that children exposed to alcohol and drugs prior to birth are 2 to 3 times more likely to be abused than are others. Since 1992, approximately 600 children aged 0-3 have been identified as substance exposed and placed in foster care. Another significant issue, which impacts children's health, overall development and well being, is family violence. In 1996, approximately 1,600 reports of family violence were made to law enforcement agencies. In Butte County, a variety of organizations are working to positively impact this critical issue.

Out of home placement is a significant issue being addressed through integrated approaches. The 1999 out of home placement caseload were 677. Nearly one third of the foster care caseload is addressed through kinship home care, according to the CA Children's Services Archive. This care, provided by family members to children removed from the care of their primary parents, is a growing alternative to other foster care options.

## CHILD CARE

Childcare and development services are integral to the health and well being of Butte County's children and families, and its expanding infrastructure. Research has linked school readiness and later school success to quality early care and education experiences. Children enrolled in these programs have been found to have better peer relations, emotional adjustment, grades and behavior in school. Recent brain research confirms that caregiving during the early years affects brain functioning and how a child will behave, learn, feel and perform. Ensuring available, affordable, quality early care and education has never been more critical.

Families in Butte County face a number of challenges related to early care and education. The limited availability, accessibility and affordability of quality care impacts families' ability to maintain economic stability. Ongoing parental requests for referrals to child care and development programs demonstrate a significant need. The Butte County Local Child Care Planning Council 1999 Needs Assessment identified that 7,750 of Butte County's 15,000 children 5 years and under, are in need of child care due to parental working status.

Barriers to accessing early care and education vary throughout the county. Limited transportation services in some areas, decreases parents capacity to get their children to available programs. Additionally, Butte County, similar to many areas in California experiences a shortage of early care and education facilities, which can house quality programs.

| LICENSED CHILD CARE SUPPLY | | | |
|---|---|---|---|
| **Ages Served** | **Child Care Center (55)** | **Family Child Care (239)** | |
| 0 - 24 months | 194 | * | |
| 2 - 5 years | 2,001 | * | |
| 6 and older | 320 | * | |
| All ages | 2,515 | 1,992 | |
| | | **Total Licensed Slots** | 4,507 |

*Breakdown of slots by age is not available, as family child care homes are licensed to care for children of all ages.
Child Care Capacity: Butte County Source: The 1999 California Child Care Portfolio

The supply of licensed child care does not begin to meet the demand. In 1998, there were 4,507 licensed child care positions provided by 239 family child care homes and 55 centers in Butte County. When supply and need are compared, more than 3,000 children are without early care and education. Cost is another barrier limiting access to child development programs. For a family at minimum wage, infant care would cost 31% of the family's income. In Butte County, publicly funded, subsidized services are in great demand. Eligibility for child care subsidies is based on 75% of the state median income level. Families above this level are not eligible for subsidies and absorb the cost burden of these necessary services.

| REGIONAL MARKET RATE CEILINGS*: 1998 | | | |
|---|---|---|---|
| **Age of Child** | **Child Care Center** | **Family Child Care** | **License Exempt Care** |
| **0 – 24 months** | $525 | $435 | $391 |
| **2 – 5 years** | $350 | $377 | $339 |
| **6 years and older** | $327 | $358 | $322 |
| **% of center based infant spaces** | 7% | N / A | N / A |

*1.5 standard deviations above the average Regional Market Rate (the average cost charged by a random sample of providers)
Source: California Department of Education, 5/27/98

Parents have diverse early care and education needs. There are 214 children with identified special needs who require integrated services. Fifteen children per month are referred for early intervention services to assess a suspected condition. Respite care is an important service for families with special needs children. Of 214 identified children, 112 receive respite care to support parent and child. In Butte County there is neither a crisis program nor 24 hour care available.

Specialized service delivery is a challenge for the early care and education field. According to the 1999 California Child Care Portfolio, many parents work night and weekend shifts and their schedules vary weekly. Only 11% of family childcare homes offer care during non-traditional hours. Parents requiring after-hours care are often forced to rely on licensed exempt care. Barriers limiting families' access to services include transportation and child care accessibility and availability issues. The additional child care demand created by CalWORKs implementation, has impacted the early care and education availability. Approximately 60% of the subsidized child care utilized by the CalWORKs population is licensed exempt. Licensed exempt care accommodates parental choice and varying needs, but has limited regulation. The migrant population also has diverse early care and education needs that vary throughout the year. Butte County's 2,172 seasonal workers have approximately 500 children aged 0-5. Forty two percent (42%) of these children need early care and education services.

Research has determined that the quality of care received by young children impacts their growth, development and learning potential. The growing body of research identifies that consistent, sensitive, well - trained and fairly - compensated provides are central to quality service provision. Like most counties in California, Butte County experiences lack of qualified staff, low wages, high turn over and few opportunities for professional advancement. This in turn creates problems in securing and maintaining consistent and qualified caregivers.

Children need safe, enriching environments and quality, consistent care giving in order to realize their full developmental potential. The issues presented here limit the overall development and learning potential of Butte County children. Strategies are needed that will comprehensively address these critical issues.

**CONCLUSION**

Determining how best to help families requires good information about their needs. County data about the following issues related to the status of young children is not available, and yet are essential to future planning. The absent data, among other issues include: The number of children waiting for child care, availability of high quality, affordable child care, children without health insurance, toddlers fully immunized, children's dental health, developmental delays and prevalent conditions for young children, number of lead poisoned young children, children's housing status and conditions, parent education levels and employment status and rates of child abuse of young children.

There are numerous issues that impact the ability of Butte County children to be safe, healthy, and ready to learn. This background section provides a snapshot of the circumstances affecting our children. It is evident to the Commission that there is a need for a more comprehensive picture that reflects the state of young children in our county. The Commission will endeavor to develop a Report Card that will include a thorough review of the existing data and resources regarding young children and their families. The Commission hopes that this Report Card will provide the basis to evaluate the effectiveness of early child development strategies and programs.

By examining this snapshot, the Commission hopes to build upon existing knowledge and address unmet needs. Additionally, the strategic planning process begins to identify best practices, existing resources and include community and agency input throughout the process as outlined in the following section.

## 3. PLANNING PROCESS

### Overview of Strategic Planning

The term "strategic planning" refers to a coordinated and systematic process for developing a plan for the overall course and direction of the endeavor or enterprise for the purpose of optimizing future potential. The central purpose of this process is to ensure that the course and direction is well thought out, sound and appropriate and to ensure that the limited resources of the enterprise (time and capital) are sharply focused in support of that course and direction. The process encompasses both strategy formulation and implementation.

State law requires each county's Children and Families Commission to adopt a strategic plan meeting statutory requirements before funds can be expended for new services. California Health and Safety Code Section 130140 (1) (C) (ii) states the following:

> "The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county Commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system."

The Commission began meeting regularly in July of 1999 and immediately began working on the strategic plan. Since then, the Commission has held regular public meetings, often more than once a month. The Commission's first program manager, Cheryl Giscombe, was hired in December 1999 and began her employ in January 2000.

### The Planning Process

The term "strategic planning" refers to a coordinated and systematic process for developing a plan for the overall course and direction of the endeavor or enterprise in order to optimize future potential. The central purpose of this process is to ensure that the course and direction is well thought out, sound and appropriate and to ensure that the limited resources of the enterprise (time and capital) are sharply focused in support of that course and direction. The process encompasses both strategy formulation and implementation.

The following designated Advisory Committees to the Commission participate in the development and annual reviews of the Strategic Plan:

The Butte County Local Child Care Planning Council (LPC)

> This collection of individuals represents a broad spectrum of children's services. Its primary focus is to plan for and positively impact early care and education received by the children and families of Butte County. Assembly Bill 1542 designated Local Planning

Councils as the mandated entity responsible for countywide needs assessment, short and long range collaborative planning, and service delivery prioritization. Service consumers and providers, agencies and community representatives are included in the LPC's broad representation. The LPC's perspective, expertise and practical experience will facilitate identification of needs and service gaps with a comprehensive approach to early childhood education and early cares issues. As the Commission's designated Advisory Committee, the LPC worked with and supported the strategic planning process and other activities of the Commission.

Children's Services Coordinating Council (CSCC):

This group promotes and encourages the provision of comprehensive services for children and families in Butte County through interagency coordination. The primary purpose and mission of the CSCC is to facilitate the delivery of effective human services to children and their families in need in Butte County. CSCC seeks to accomplish this mission through education, interagency coordination, planning ad the identification of resources to maximize the delivery of services to those most in need. This Council was established in response to, and in accordance with SB997 (Chapter 12.8 of the Welfare and Institutions Code.) As the Commission's designated Advisory Committee, CSCC acted in an advisory capacity to the Commission so as not to duplicate, research and resources in Butte County.

Child Abuse Prevention Council (CAPC):

This team serves as Butte County's Child Abuse Prevention Council, as outlined in Chapter 12.5 of the Welfare & Institutions Code, and coordinates efforts to prevent and respond to child abuse. Functions of the council include providing a forum for interagency coordination in the prevention, detection and treatment of child abuse, promoting public awareness of child abuse and neglect and the resources available for intervention/treatment, and providing training for professionals and community members. Representation on the Child Abuse Prevention Council include members from public child welfare, public health and behavioral health, local perinatal council, criminal justice system, public/private schools, community-based social service agencies, private family therapists, local hospitals, and interested community members. As a designated Advisory Committee, the Child Abuse Prevention Council acted in an advisory capacity to the Commission on local needs and resources in child abuse prevention and treatment.

These Advisory Committees contribute in a number of ways to the development of the Strategic Plan and annual review. Some examples include the following:

- Contributing expertise and diverse professional perspectives.
- Assisting with coordination and facilitation of public outreach, input and forums.
- Identifying and prioritizing needs and service gaps.
- Collaborating during the integrated service planning development.
- Interfacing between other advisory committees, the Commission and interested groups.
- Accessing and disseminating matching funding information for Proposition 10 dollars.

Other recognized community groups/councils that participate in the strategic planning process include the following:

- Perinatal Council
- Butte County Tobacco Prevention Coalition
- League of Women Voters

In addition, a number of Ad Hoc committees comprised of commissioners are utilized for specific tasks or issues in a time-limited manner. In some instances Ad Hoc Committees include advisory group representatives and community members. Examples of Ad Hoc Committees include administration, contract awards, school readiness, strategic planning, and others.

**Community Assessment Activities**

Three major community assessment activities helped to move the plan's progress forward. First, during February, March and April 2000, the Strategic Planning Committee collected and reviewed twenty-six community assessment documents related to the four focus areas of the strategic plan. In this way, the Commission made use of existing relevant documentation of the critical needs of children and families in Butte County without duplicating the efforts of other area agencies. The Program Manager made these documents available to the community at large. Second, during March, April and May 2000, the Commissioners and staff attended over twenty regularly scheduled meetings of community organizations to introduce the newly formed Butte County Children and Families Commission and to solicit input, in the form of a community needs survey, from meeting participants. Organization representatives attending the meetings were asked to disseminate the surveys to their clients as well. Finally, and of critical importance, four community input meetings were held throughout May and June, in Paradise, Chico, Oroville and Gridley.

In addition to the outreach efforts outlined above, twelve focus groups took place in May and June 2000. Focus groups were held in Chico, Oroville, Mooretown Rancheria and Paradise. Participants were parents, service providers and other community members representing the Native American population, Hmong population, mom's play groups, Migrant Head Start parents group, parents with special needs children, young parents and the Local Child Care Planning Council.

In all, over 400 individuals participated in the assessment of community needs and assets. Sixty-one individuals completed surveys. A countywide priority matrix, which details assessment activities by community, can be found in the appendices to this document.

**Strategic Planning Continues:**

The Butte County Children and Families Commission contacted the UCLA Center for Healthier Children, Families and Communities in late April 2001 and requested a review of their 1st submission Strategic Plan. The Strategic Plan Review team conducted several interview conference calls and site visits. A summary report produced the following recommendations, which were addressed further by the Commission beginning spring of 2002:

- Prioritize both the community's needs and corresponding strategies to address those needs.

- Basing priorities on the identified needs in the community ensures that the Commission proactively addresses the most salient needs, rather than merely providing additional funds to existing providers who choose (and have the wherewithal) to apply for funds.
- Prioritization will clarify the direction of the Commission and provide guidance to community members and potential grantees, and averts potential misunderstandings or assumptions about what the Commission's priorities are and how it will make funding decisions.
- Consider allocating a specified amount of their budget to each priority need (and ideally specify this in the strategic plan) so that the Commissioners, the community and potential grantees are clear on the funds available to address the need.

In years **2002/2003**, the Commission adopted the following revised definition of terms, four prioritized result areas, and desired outcomes for strategic and fiscal years 04 – 05 through 06 - 07 funding allocation plan inclusion:

Revised Definition of Terms:

- Result = condition of well being for children, families, and the community. Answers the question: "What do we ultimately want for this population"?
- Desired Outcomes = help to realize the result. Answers the question: "What are the areas we need to address to realize the results"?
- Indicators = quantify the desired outcomes. Answers the question: "How would we recognize the desired outcomes in measurable terms"?
- Strategies = possible actions taken to achieve the desired outcomes. Answers the question: "What steps will it take to get there"?
- Performance Measures = specific level of change desired during the duration of project or plan. Answers the question: "How much change occurred"?

Revised Prioritized Result Areas and Desired Outcomes for fiscal years 04–05 through 06–07:

1. Result Area: Children are born and remain healthy and well nourished.

Desired Outcomes: Parents are tobacco, drug, and alcohol free. Parents are knowledgeable and supportive in providing for the health needs of their children. Children reach optimal health and dental milestones. Women achieve optimal health during pregnancy.

2. Result Area: Early Care and Education Providers are competent, qualified, and remain in the profession.

Desired Outcomes: Stabilized provider workforce. Providers are adequately compensated. Providers have knowledge and abilities to improve children's school readiness and success. There is sufficient supply of providers. Informal/exempt providers have basic early childhood education.

3. Result Area: Children are ready to enter school and progress successfully.

Desired Outcomes: Parents have knowledge and abilities to support school readiness and success in continued learning. Children demonstrate developmentally appropriate competencies in self-care, social, emotional, cognitive, physical, and communication skills. Early care and

education profession meets the demand for services. Schools and early childhood educators support children's successful transition.

4. Result Areas: Families are nurturing and supportive in their children's social and emotional health

Desired Outcomes: Children thrive in safe and stable homes. Parents demonstrate effective parenting skills. Parents are substance free. Mental health and alcohol, drugs, and tobacco prevention services meet demand.

**Indicators, Strategies and Performance Measures**

In year 2000, based on community input and their extensive needs assessment, the Commission developed a number of possible objectives, corresponding sample strategies, and evaluation measures that will lead to successful outcomes for Butte County's youngest children and their families. The sample strategies identified by the Commission are not meant to be limiting, but rather are examples that illustrate acceptable approaches to achieving the intended results. The objectives, sample strategies and evaluation measures are in sections five, six and seven of the Strategic Plan.

In years **2002/2003**, the Commission selected and matched specific indicators including local and Statewide Proposition 10 Evaluation and Data System (PEDS) indicators. These selected indicators were matched with the newly prioritized Result Areas and Desired Outcomes (Appendix 6). The objectives from the original goal statements were identified as possible strategies during the 2002/2003-prioritization process.

In years **2002/2003**, the Commission also established the Strategic Plan and Evaluation Committee to develop a multi-level evaluation plan, which will address the following:

1. Identify and monitor relevant community level indicators (for example the percent of babies born with low birth weight and the substantiated numbers of children, who are rescued from dangerous drug environments,

2. Evaluate the commission's adherence to its mission, goals, and operating principles,

3. Support continuous improvements by developing performance measures, which capture the milestones achieved and show overall effectiveness of funded programs. A Butte County Report Card will be established and revisited on an annual basis as one means of measuring the results of Proposition 10, locally.

The Commission understands that a local, outside evaluation process is desirable and such an evaluation process will be implemented during the fiscal year 04. Therefore, in January 2004, the Commission will release its Request for Proposals to contract outside evaluation services for current and future grantee projects – all linked to the statewide Prop 10 Evaluation and Data System (PEDS). The Strategic Plan & Evaluation Ad Hoc Committee continues to guide and develop the Commission's overall evaluation planning efforts.

The School Readiness Initiative in Butte County for the 2002/2003 fiscal years was a planning/implementation effort, identifying target schools and preparing for the implementation of School Readiness direct services during the next four-year period. Evaluation is one of the

key factors, and is in place as a result of planning conducted during 2002/2003, using the State Commission's School Readiness planning funds offered to participating County Commissions.

**Resource Allocation**

The strategic plan, financial plan, funding allocation plan, and annual budget, provide different and interrelated financial information.

The strategic plan is the overarching policy document for the commission, providing consistent policy direction for the financial plan, funding allocation plan, and budget.

The Commission adopted a financial plan in fall of 2002. The financial plan forecasts revenues and expenses. It is the Commission's guiding financial framework for the funding allocation plan and annual budget.

The funding allocation plan was adopted in spring of 2003. It describes how funds will be allocated among programs, grants, and initiatives for fiscal years 04-05 through 06-07. The funding allocation plan identifies strategic plan priority areas including percentage allocation of funds per focus area. Both the financial plan and the funding allocation plan drive the annual budget detail.

**Equity Principles**

In year 2002, Commissioner, Deborah Rowell recommended the Commission consider adopting the State Commission's Equity Principles. Recognizing significant gaps and disparities in the provision of services for children and their families, the Equity Principles address the importance of inclusiveness for all children prenatally to five years of age, regardless of immigration status, who:

- Are from different ethnic, linguistic, cultural, socio-economic, religious, geographical and/or other historically or currently under-served communities; or
- Have disabilities and other special needs.

The Commission's Administration Committee recommended adoption of the Equity Principles on April 5, 2003 for consideration in all aspects of strategic planning and program implementation and is now included as an appendix to the Butte County Children and Families Strategic Plan.

## 4. DEFINITION OF TERMS AND ACRONYMS – YEAR 2000

Butte County Children and Families Commission is aware that there are varying connotations for commonly used terminology. For this reason, this section contains in alphabetical order; terms and phrases used throughout this document, which give a definition and some examples of how terms or phrases may be used.

The following will provide a common frame of reference and better understanding for all readers of the strategic plan:

Activities

Defined: Specific steps needed to implement a strategy.

Example: 1) Purchase and stock a van to act as a mobile immunization clinic, 2) Hire staff, 3) Identify and schedule child care sites, and 4) Inform parents

Children Ready To Learn

Defined: Young people ages 0-5 that possess developmentally appropriate social, emotional, behavioral, intellectual and physical skills in order to interact with their peers and adults and can adapt to the school experience.

Community-Based Process

Defined: Gathering input, planning, allocating resources and evaluating outcomes through a public process.

Family Resource Center

Defined: A centralized, family friendly, easily accessible location that acts as a central point of delivery or referral for a variety of services.

Focus Area

Defined: An overarching direction, or broad area for improvement.
Example: The state Commission has defined four strategic results, which coincide with Butte County's four focus areas:

1. Improved Family Functioning: Strong Families
2. Improved Child Development: Children Learning and Ready for School
3. Improved Child Health: Healthy Children
4. Improved Systems: Integrated, Consumer-Oriented, Accessible Services

Guiding Principles

Defined: Values and beliefs that are held dear and which shape how people think and act.

Healthy Children

Defined: Young people ages 0-5 who are well nourished, rested, safe from preventable injuries and illnesses, free from the effects of abuse, neglect, substance abuse and environmental toxins, and demonstrate developmental growth and function within normal ranges. This condition is as a result of comprehensive medical and dental treatment, beginning with the prenatal care received by their mothers.

Medical Home

Defined: A place where the child is known and receives quality and consistent health care.

Mission

Defined: The fundamental purpose for an organization or planning group to exist.

Objectives

Defined: A description of a desired change that is measurable and leads to the achievement of an outcome.

Example: Increase the number of children ages 0-5 in Butte County who receive recommended immunizations at the appropriate ages.

Outcomes

Defined: Desired condition for a specific Children and Families Commission focus area.

Example: All children receive all required immunizations.

Parent

Defined: Anyone who carries responsibility for raising a child, including biological parent, stepparent, adoptive parent, foster parent, relative (e.g. grandparent), a sibling, extended family member, expectant father, or pregnant mother.

Partner

Defined: An agency, organization, group or person who will have an active role in implementing a strategy.

Example: Three identified organizations, which will co-locate services for better consumer accessibility.

Performance Measure / Long-Term Indicator

Defined: A specific measure, or benchmark, for a desired change for which data is available, which helps quantify the achievement of a desired result (e.g. number of children entering school fully immunized).

Example: In 1998, 67% of children receiving CHDP services also received immunizations per a 1999 Public Health Department CHDP report. This % will increase by 5% by the end of 2001.

Process Measure / Short-Term Indicator

Defined: A specific measure for strategy/program implementation.

Example: Number of hours of instruction, number of children served, number of training's to be provided, and number of clinics.

Strategies

Defined: A course of action (i.e. program, services, and/or project) to be taken in order to achieve an objective.

Example: Mobile immunization outreach clinics for child care settings.

Substance Abuse

Defined: The misuse or overuse of drugs, alcohol, and/or tobacco.

Vision

Defined: The ultimate goal or future we envision for our children in plain language.

**REVISED DEFINITION OF TERMS – YEAR 2003**

- Result = condition of well being for children, families, and the community. Answers the question: "What do we ultimately want for this population"?
- Desired Outcomes = help to realize the result. Answers the question: "What are the areas we need to address to realize the results"?
- Indicators = quantify the desired outcomes. Answers the question: "How would we recognize the desired outcomes in measurable terms"?
- Strategies = possible actions taken to achieve the desired outcomes. Answers the question: "What steps will it take to get there"?
- Performance Measures = specific level of change desired during the duration of project or plan. Answers the question: "How much change occurred"?

LIST OF ACRONYMS FOUND IN THE PLAN

**BCCFC** - Butte County Children and Families Commission
**CHAO -** Community Health Alliance of Oroville
**CHDP -** Children's Health Disability Prevention
**CSCC -** Children's Services Coordinating Council
**ETS -** Environmental Tobacco Smoke
**FRT -** Family Resource Team
**LPC -** Butte County Local Child Care Planning Council
**RFP** - Request for Proposal
**TANF -** Temporary Assistance to Needy Families
**VOCS -** Valley Oak Children's Services
**WIC -** Women, Infant and Children's Nutrition Program

## 5. OUTCOMES AND OBJECTIVES

This section of the Strategic Plan outlines the original outcomes and objectives in each strategic focus area that will be the result of successful implementation of Butte County Children and Families Commission supported programs and services. For each outcome and objective, the Commission developed corresponding objectives, examples of strategies and evaluation measures that will lead to the desired outcome. Sample strategies and corresponding evaluation measures for each of the objectives can be found in sections six and seven of the plan.

Focus Area One: Healthy Children

| Outcome 1: Pregnant women, children ages 0-5, and their families will receive comprehensive, preventative, and affordable health services |
|---|

Objective 1.1: Increase the number of children 0-5 who access affordable comprehensive medical, dental, nutrition, and mental health services.

Objective 1.2: Increase the number of pregnant women who access affordable comprehensive medical, dental, nutrition, alcohol, tobacco, drug, and mental health services, including prenatal services.

Objective 1.3: Decrease the number of uninsured pregnant women and children 0-5.

Objective1.4: Increase the number of women who initiate and continue breastfeeding for at least six months**.**

Objective 1.5: Increase the number of children 0-5 who receive screening for anemia, lead poisoning, vision, hearing, dental, developmental, and emotional problems.

| Outcome 2: Parents / caregivers will provide nurturing, safe, and healthy environments for children from the prenatal stage to 5 years of age. |
|---|

Objective 2.1: Reduce the use of tobacco products, alcohol and drugs among women of childbearing age and parents/caregivers of children prenatal to five years old.

Objective 2.2: Decrease the number of unintentional injuries and fatalities of children 0-5 years.

Objective 2.3: Decrease the exposure of pregnant women and children 0-5 to environmental pollutants that affect their health

Focus Area Two: Early Care And Education

Outcome 1: Children will receive care by nurturing, supportive adults in stable, safe and stimulating environments.

Objective 1.1: Increase the number of qualified providers of early care and education

Objective 1.2: Increase the level of professional development, retention, and proficiency of child care providers.

Objective 1.3: Increase parent/caregiver education and involvement supporting children's learning.

Outcome 2: Children will be well and ready to learn in kindergarten.

Objective 2.1: Improve the integration of early assessment and service delivery, which support children's learning.

Objective 2.2: Increase the overall levels of children's development and learning.

Objective 2.3: Improve the number of children enrolled in comprehensive child development programs.

Objective 2.4: Increase the number of collaborative relationships among parents/caregivers, providers, and school systems.

Outcome 3: Children will have affordable, quality child care and early childhood programs available to them.

Objective 3.1: Increase the number, availability and quality of infant, toddler, and preschool programs and facilities.

Objective 3.2: Increase the accessibility to child development facilities that meet diverse family needs.

Objective 3.3: Increase the availability, affordability, and quality of early care and education.

Focus Area 3: Improved Family Functioning-Strong Families

Outcome 1: Children will thrive in safe and nurturing families.

Objective 1.1: Increase the number of families accessing community resources by decreasing barriers to resources including, parenting classes, health services, parks, libraries, social services, mental health services, transportation, ESL classes.

Objective 1.2: Decrease the number of children exposed to family violence.

Objective 1.3: Increase the availability of affordable quality child care and respite care.

Objective 1.4: Decrease the number of first entries and re-entries into foster care/out of home placements for children ages zero to five.

Outcome 2: Ensure that children receive the physical, emotional, and intellectual support at home, in school, and in the community.

Objective 2.1: Promote strategies that create positive attachments with primary care givers

Objective 2.2: Increase the skills of parents/caregivers to be participants, leaders and decision makers in their homes and communities.

Objective 2.3: Foster the skills of children to be good decision makers, respectful, and caring for their peers and community.

Outcome 3: Children will be well, ready and able to learn in kindergarten.

Objective 3.1: Improve parent/caregiver knowledge of early assessment and integrated service delivery, which supports children's learning

Objective 3.2: Increase parent/caregiver knowledge and understanding of the overall levels of children's development and learning.

Objective 3.3: Increase the knowledge and ability of parents/caregivers to choose comprehensive child development programs.

Objective 3.4: Increase the number of collaborative relationships among parents/caregivers, providers, and school systems.

Objective 3.5: Decrease the barriers to accessing children's mental and physical health services for parents/caregivers.

FOCUS AREA 4: Improved Systems for Families-Integrated Accessible and Culturally Appropriate

Outcome 1: Programs will be delivered in a comprehensive and collaborative manner that reduces duplication and improves accessibility to all populations through enhanced communication and coordination.

Objective 1.1: Promote, increase and enhance collaboration between medical, public health, community, and governmental organizations involved in early care and education, healthy children and strong families that will result in the integrated delivery of services.

Objective 1.2: Improve responsiveness of service systems to special needs and underserved populations.

Objective 1.3: Increase the number of services that are delivered in a culturally sensitive manner.

Objective 1.4: Coordinate data related to access of care within the three focus areas of: Healthy Children, Early Care and Education, and Improved Family Functioning-Strong Families

In years **2002/2003**, the Commission adopted the following revised definition of terms, four prioritized result areas, and desired outcomes for strategic and fiscal years 04 – 05 through 06 - 07 funding allocation plan inclusion:

Revised Definition of Terms

- Result = condition of well being for children, families, and the community. Answers the question: "What do we ultimately want for this population"?
- Desired Outcomes = help to realize the result. Answers the question: "What are the areas we need to address to realize the results"?
- Indicators = quantify the desired outcomes. Answers the question: "How would we recognize the desired outcomes in measurable terms"?
- Strategies = possible actions taken to achieve the desired outcomes. Answers the question: "What steps will it take to get there"?
- Performance Measures = specific level of change desired during the duration of project or plan. Answers the question: "How much change occurred"?

1. Result Area: Children are born and remain healthy and well nourished.

Desired Outcomes: Parents are tobacco, drug, and alcohol free. Parents are knowledgeable and supportive in providing for the health needs of their children. Children reach optimal health and dental milestones. Women achieve optimal health during pregnancy.

2. Result Area: Early Care and Education Providers are competent, qualified, and remain in the profession.

Desired Outcomes: Stabilized provider workforce. Providers are adequately compensated. Providers have knowledge and abilities to improve children's school readiness and success. There is sufficient supply of providers. Informal/exempt providers have basic early childhood education.

3. Result Area: Children are ready to enter school and progress successfully.

Desired Outcomes: Parents have knowledge and abilities to support school readiness and success in continued learning. Children demonstrate developmentally appropriate competencies in self-care, social, emotional, cognitive, physical, and communication skills. Early care and education profession meets the demand for services. Schools and early childhood educators support children's successful transition.

4. Result Area: Families are nurturing and supportive in their children's social and emotional health.

Desired Outcomes: Children thrive in safe and stable homes. Parents demonstrate effective parenting skills. Parents are tobacco, drug, and alcohol free. Mental health and alcohol, drugs, and tobacco prevention services meet demand.

## 6. SAMPLE STRATEGIES

There are a number of potential strategies that may be employed to achieve the outcomes and objectives identified in the previous section of the plan. Rather than prescribing strategies, the Commission has identified samples of strategies that illustrate acceptable approaches to achieving the intended results.

The following section outlines possible approaches for addressing each of the focus areas and its corresponding outcomes and objectives. The strategies listed represent the types of programs and services that the Commission discovered through its research and community needs assessment process. This list is not meant to be limiting, but rather to be used as a base from which to develop innovative programs, services and systems that will improve the status of our youngest children and their families. The Commission will consider program proposals based on an evaluation of best practices, capacity of applicants to provide needed services, and the availability of funds to support such programs.

Note: The objectives from the original goals statements were identified as possible strategies during the 2002/2003-prioritization process.

Focus Area One: Healthy Children

Outcome 1: Pregnant women, children ages 0-5, and their families will receive comprehensive, preventative, and affordable health services

Objective 1.1: Increase the number of children 0-5 who access affordable comprehensive medical, dental, nutrition, and mental health services.

Sample Strategies:

Medical Services:

- Determine access to care barriers and assist families, providers, and agencies in developing ways to overcome those barriers.
- Educate the community regarding the need for a consistent medical provider who provides preventive and comprehensive medical services.
- Educate eligible families about services available for special needs children through the California Children Services, Far Northern Regional Center, etc., and assist with access.
- Ensure that all children receive timely and appropriate immunizations by developing a countywide immunization registry.

Dental Services:

- Determine the availability of dental services throughout the county, their target populations, the payment sources they accept, and their ability to accept new patients.
- Conduct outreach programs to educate families regarding the importance of preventive and corrective oral care.

- Recruit dental providers for areas where a lack of these services is identified, including pediatric dental specialists; encourage oral care providers to expand their ability to accept Medi-Cal, even on a limited basis.
- Provide alternatives for service prevision, such as mobile clinics, a public health clinic; preschool or childcare based preventive and screening programs or alternative compensation for dentists who donate services.

Nutrition Services:

- Promote and increase access to WIC services, through assistance with transportation, childcare, interpretation, etc.
- Educate health care providers, child care providers, and agencies about nutrition and strategies that work to get people to improve their diets and create simplified literature/educational materials for use by parents/caregivers and agencies working with these families.
- Have community family centers provide nutrition education, including food preparation, to the families they serve.
- Encourage and assist families who are eligible to apply for food stamps, or childcare / pre-school breakfast and lunch programs.

Mental Health Services:

- Increase mental health and counseling services available to children 0-5 and their parents/caregivers.
- Educate families, agencies, and the community regarding mental health services covered under Medi-Cal, Healthy Families, and private insurance.

Objective 1.2: Increase the number of pregnant women who access affordable comprehensive medical, dental, nutrition, alcohol/Tobacco and drug, and mental health services, including prenatal services.

Sample Strategies:

Medical Services:

- Educate women of childbearing age about the importance of planning a pregnancy and working with their medical provider to establishing a healthy body and lifestyle before becoming pregnant.
- Recruit providers and supportive services for pregnant women, which are geographically, linguistically, or culturally appropriate, where a lack of those services has been identified.
- Promote and increase access to Comprehensive Perinatal Services Programs (CPSP) and other pregnancy support services, through assistance with transportation, child care, interpretation, etc.
- Increase the availability of presumptive eligibility for Medi-Cal eligible women.

Dental Services:

- Educate women of childbearing age, health care providers, and agency staff about the importance of oral health and the dangers of untreated oral disease during pregnancy and promote referrals to oral health providers.

Nutrition Services:

- Promote and increase access to WIC services, through assistance with transportation, childcare, interpretation, etc.
- Promote the provision of comprehensive nutritional education as a part of every prenatal visit.

Alcohol / Drug and Mental Health Services:

- Increase the capacity of alcohol/tobacco drug treatment programs and/or mental health services for pregnant women and their families, including tobacco cessation, day treatment and residential treatment facilities, which are tailored to the needs of families with young children.
- Provide treatment programs that are geographically, linguistically, or culturally appropriate, where a lack of those services has been identified.

Objective 1.3: Decrease the number of uninsured pregnant women and children 0-5.

Sample Strategies:

- Increase the number of pregnant women and children 0-5 who have Medi-Cal, AIM, CHDP, Healthy Families, or private medical insurance through outreach and education.
- Determine barriers to enrollment of eligible children and pregnant women and assist families in overcoming those barriers.
- Educate employers about the benefits of preventive health care and encourage employers to offer or expand medical benefits for their employees, including preventive services and prenatal care.

**Objective 1.4: Increase the number of women who initiate and continue breastfeeding for at least six months.**

Sample Strategies:

- Educate the community about the benefits of breastfeeding for both the mother and the infant.
- Establish and/or expand educational and peer support programs for new mothers who choose to breastfeed.
- Establish local Centers for Breastfeeding Assistance that is accessible to all Butte County families.
- Educate and assist employers in the provision of workplace areas for breastfeeding/pumping.
- Educate child care providers regarding how they can work with mothers who are breastfeeding infants attending their facilities.

Objective 1.5: Increase the number of children 0-5 who receive screening for anemia, lead poisoning, vision, hearing, dental, developmental, and emotional problems.

Sample Strategies:

Medical / Dental Screenings:

- Educate families and the community regarding the need for periodic health screenings and well child check-ups.

- Conduct screening at community locations such as family resource centers or at events such as health fairs.
- Educate regarding the risk of lead poisoning and provide screening. Increase use of the finger-stick method of lead testing.
- Expand, and support school-based preventive dental programs (like Butte-T-ful Smiles),
    - including dental screenings, and make these programs available to children attending childcare or in preschool programs.

Developmental / Emotional Screening:

- Obtain or create a tool that could be used with all children 0-5 to assess the child's risk or level of attachment or behavioral disorders and/or developmental delays/disabilities and educate medical providers, agencies, and childcare regarding the use of this assessment tool.
- Form a collaborative group of agency representatives, who provide services to children and their families, to develop a program to provide counseling services to this population

Outcome 2: Parents / caregivers will provide nurturing, safe, and healthy environments for children from the prenatal stage to 5 years of age.

Objective 2.1: Reduce the use of tobacco products, alcohol and drugs among women of childbearing age and parents/caregivers of children 0-5.

Sample Strategies:

- Educate women of childbearing age and the agencies who work with them about the harmful effects of tobacco, alcohol, and drugs and the importance of avoidance of these substances if they are pregnant or planning to become pregnant.
- Increase access to low cost / no cost smoking cessation programs for pregnant women, parents/caregivers of children 0-5.
- Promote smoke-free foster care homes, residential facilities for children, and child care facilities, center based and family child care homes
- Develop and promote the use of a universal assessment tool to determine the use of alcohol, drugs, and tobacco during pregnancy.
- Conduct a study to determine the number of drug exposed infants born in this county.
- Increase newborn drug screening when drug or alcohol use is suspected and make appropriate referrals.

Objective 2.2: Decrease the number of unintentional injuries and fatalities of children 0-5.

Sample Strategies:

- Create and/or distribute educational materials on safety and unintentional injury prevention for children 0-5.
- Educate health care and social service providers regarding potential age-related injury risks in and around the house, and provide prevention education, materials and resources that will assist them in educating parents/caregivers.
- Increase the availability of affordable child safety seats and expand training to parents/caregivers, service providers, and child care providers.
- Increase enforcement of safety belt and child restraint use.

Objective 2.3: Decrease the exposure of pregnant women and children 0-5 to environmental pollutants that affect their health.

Sample Strategies:

- Educate the community, including families, child care providers, and service agencies, about the possible sources of lead poisoning and their potential impact on the fetus, newborns and children.
- Educate the community, including families, child care providers, and service agencies, about the possible presence of nitrate and bacteriological contamination of well water, and their potential impact on the fetus, newborns and children.
- Provide water testing and assessment services for families with individual water systems to test for nitrates and biological contamination.

Focus Area Two: Early Care And Education

Outcome 1: Children will receive care by nurturing, supportive adults in stable, safe and stimulating environments.

Objective 1.1: Increase the number of qualified providers of early care and education.

Sample Strategies:

- Increase wages and benefits for providers of early care and education
- Recruit culturally diverse applicants
- Establish, coordinate, and support tiered wages and benefit structure linked to training and professional development plan

Objective 1.2: Increase the level of professional development and proficiency of child care providers

Sample Strategies:

- Establish and provide scholarships to support progress through the CD permit matrix
- Create more distance and on-line courses for caregivers

Objective 1.3: Increase parent/caregiver education and involvement supporting children's learning.

Sample Strategy:

- Train-the-trainer for early child and health care providers in Asset Development in order to educate families on how they build young children's assets

Outcome 2: Children will be well and ready to learn in kindergarten.

Objective 2.1: Improve the integration of early assessment and service delivery, which support children's learning.

Sample Strategies:

- Identify existing services and develop a matrix for referral purposes
- Develop a coordinated system that addresses multi-systems policy issues that include the Children's Services Coordinating Council, Policy Council, Local Child Care Planning Council, Children and Families Commission, K-12 school administrators, and other related bodies.

Objective 2.2: Increase the overall levels of children's development and learning.

Sample Strategy:

- Provide subsidies to families to enroll their children in programs

Objective 2.3: Improve the number of children enrolled in comprehensive child development programs.

Sample Strategies:

- Increase the number of professionals performing infant developmental assessments
- Improve service integration of early assessment and intervention for children and families

Objective 2.4: Increase the number of collaborative relationships among parents, providers, and school systems.

Sample Strategies:

- Support collaborative relationships between parents, providers and school systems
- Increase the level of parent involvement, education, and participation in pre-kindergarten programs
- Increase continued parent involvement and engagement in their children's school

Outcome 3: Children will have affordable, quality childcare and early childhood programs available to them.

Objective 3.1: Increase the number, availability and quality of infant, toddler, and preschool programs and facilities.

Sample Strategies:

- Increase the availability of infant care (birth to 24 months)
- Provide start-up or supplemental grants to support more classrooms with qualified early care teachers and caregivers

- Provide assessment and support for improvement on the Early Child Care Rating Scale or the Family Child Care Rating Scale
- Increase the number of professionals performing infant developmental assessments
- Increase parent involvement and engagement in their children's school

Objective 3.2: Increase the accessibility to child development facilities that meet diverse family needs.

Sample Strategies:

- Increase the availability of respite and crisis care
- Increase the availability of sick care, after hours care
- Increase the availability of a continuum of care for children with disabilities
- Increase the number of specialized developmental assessments for young children with disabilities

Objective 3.3: Increase the availability, affordability, and quality of early care and education.

Sample Strategies:

- Increase parent awareness of quality indicators in selecting child care arrangements
- Increase the number of children involved in comprehensive early intervention programs

Focus Area 3: Improved Family Functioning-Strong Families

| Outcome 1: Children will thrive in safe and nurturing families. |
|---|

Objective 1.1: Increase the number of families accessing community resources by decreasing barriers to resources such as, parenting classes, health services, parks, libraries, social services, mental health services, transportation, ESL classes

Sample Strategies:

- Educate prenatal providers about family support services
- Support Parent Education/Family Centers for each community that addresses their mental, emotional, physical & social needs
- Improve transportation options that reflect parental schedules and multiple locations of child care for siblings of different ages, including "child care express"
- Link family resource centers with home visiting and child care centers
- Support Family resource centers with standard services funded and staffed in diverse neighborhoods serving divers families
- Provide adult English literacy classes with child care available

**Objective 1.2: Decrease the number of children exposed to family violence**

Sample Strategies:

- Conduct Anger management training for parents/caregivers and children
- Provide Subsidies to attend parenting activities
- Conduct support groups for parents, especially peer groups
- Develop approaches for reaching isolated parents
- Develop support systems for parents in college
- Support substance abuse treatment options that accommodate parents with young children
- Link Health and community agencies with law enforcement for early and appropriate intervention to protect children 0-5
- Conduct child 0-5 mother play groups in battered women's shelters
- Support groups for battered women and battering men in Family Resource Centers
- Provide training for child care providers to identify exposure to domestic violence

Objective 1.3: Increase the availability of affordable quality child care and respite care

Sample Strategies:

- Train child care providers to relate respectfully to diverse characteristics of parents and children
- Provide drop-in child care so parents can access needed services for find brief respite
- Educate parents concerning need for and content of quality standards in child care settings

Objective 1.4: Decrease the number of first entries and re-entries into foster care/out of home placements for children ages zero to five

Sample Strategies:

- Provide safe, affordable housing for teen parents
- Provide transition support for teens once they leave school programs
- Support & education for young/and or single parents
- Support education and incentives for employers to recruit, train, retain parents especially homeless parents
- Educate professionals involved with parents about coordination for services, law, and respect for parents and caregivers
- Advocate for housing availability, cost, access issues
- Support homeless shelters that enable access to crisis, health, mental health, job training, housing services
- Provide a full suite of services for homeless families, including transportation, job training, child development activities outside business hours, training in parenting skills counseling, centralized resources, housing, and shelter-based child care
- Train families and providers on legal requirements, confidentiality, partnerships, access to records

Outcome 2: Ensure that children receive the physical, emotional, and intellectual support at home, in school, and in the community.

Objective 2.1: Promote strategies that create positive attachments with primary care givers

Sample Strategies:

- Support Universal home visiting pre and post partum
- Disseminate knowledge of infant brain development and research
- Support participation of parents in programs for children with special needs
- Train parent mentors in hospitals and in the community

Objective 2.2: Increase the skills of parents to be participants, leaders and decision makers in their homes and communities.

Sample Strategies:

- Advocate at the policy level for parent education in high school as a required course
- Develop teaching modules on parenting, child development and child
- health for middle and high school
- Educate parents on self-sufficiency issues so that they can better foster self-advocacy to their children
- Advocate for parent and caregiver participation at all levels of program development and implementation
- Develop and offer community issue-oriented workshops at accessible neighborhood sites
- Develop a single reliable source with one toll-free number to answer a variety of questions from parents (hot line)
- Organize neighboring families for mutual support
- Encourage civic participation opportunities especially for teens and busy parents
- Train families for self-advocacy

Outcome 3: Children will be well, ready and able to learn in kindergarten.

Objective 3.1: Improve parent/caregiver knowledge of early assessment and integrated service delivery, which supports children's learning.

Sample Strategies:

- Develop parent/caregiver handouts, literature, and video library with easy access and comprehension.
- Develop network with pediatricians and clinics in Butte County that work to disseminate information and resources during well-baby exams.

Objective 3.2: Increase parent/caregiver knowledge of the overall levels of children's development and learning.

Sample Strategies:

- Develop a series of workshops that educate parent/caregivers on brain research, developmental milestones, and literacy.
- Publish a weekly news article related to child development.
- Offer structured playgroups at varied locations throughout the County on a regular basis. Include a focus and reward for participation. (ie. A book, educational materials, snack)

Objective 3.3: Increase the knowledge of parent/caregiver in choosing comprehensive child development programs.

Sample Strategies:

- Provide support to families researching childcare for their children through a question and answer survey in meeting all of the families needs.
- Develop on line resource list of available centers and have references, pictures and philosophy of programs.
- Educate parent/caregivers on what comprehensive child development programs look like through handouts, focus groups, PTA presentations, etc.

Objective 3.4: Increase the number of collaborative relationships among parents, providers, and school systems.

Sample Strategies:

- Offer training that supports open communication and dialogue between parents, providers, and school systems. Support understanding of all interested parties in the process of strengthening relationships.
- Provide parent leadership institute for parent/caregivers.
- Provide workshops for schools in successfully working with parents as volunteers.

Objective 3.5: Decrease the barriers for parent/caregivers in accessing mental and physical health services.

Sample Strategies:

- Develop informational tools for parents to understand the process of accessing services.
- Support a Parent Hotline that provides support and guidance for accessing current services, including criteria to enroll in program.
- Develop a parent checklist, that is easy to use and establishes when, where and who to call for help. (ie, magnets, phone stickers, listing in front of telephone book)

FOCUS AREA 4: Improved Systems for Families-Integrated Accessible and Culturally Appropriate

| Outcome 1: Programs will be delivered in a comprehensive and collaborative manner that reduces duplication and improves accessibility to all populations through enhanced communication and coordination. |
|---|

Objective 1.1: Promote, increase and enhance collaboration between medical, public health, community, and governmental organizations involved in early care and education, healthy children and strong families that will result in the integrated delivery of services.

Sample Strategies:

- Support programs that enhance or increase services without duplicating or supplanting existing resources
- Create a information and referral service system for families that is accessible county-wide
- Develop and implement a system for consistent collection, evaluation and reporting in an annual Butte County "Report Card" of outcomes for children prenatal to five years old
- Develop and implement a universal assessment tool and process to access services
- Support collaborative efforts that maximize resources by leveraging funding opportunities
- Conduct media outreach via print, radio, television and the Internet to educate families about existing services

Objective 1.2: Improve responsiveness of service systems to special needs and underserved populations

Sample Strategies:

- Increase access and availability of services
- Establish clear lines of responsibility, communication and decision making between agencies and organizations providing children's services.
- Support programs that provide transportation to service providers, such as church vans, or bus vouchers
- Support programs and services, including toll free telephone lines (hot and warm lines) in the primary language of the families using the services
- Support facilitation efforts to develop local collaboration between schools, childcare
- providers, early childhood and family service providers, the faith community, parents and other community members

Objective 1.3: Increase the number of services that are delivered in a culturally sensitive manner.

Sample Strategies:

- Support programs that are culturally appropriate to the communities they serve
- Support training for early child and health care providers regarding cultural sensitivity
- Support training for early child and health care providers regarding cultural competency

Objective 1.4: Coordinate data related to access of care within the three focus areas of: Healthy Children, Early Care and Education, and Improved Family Functioning-Strong Families

Sample Strategies:

- Support the development of a common application/intake system
- Support the development of new tracking methods and standards
- Support the development of an evaluation system that includes analysis of data and dissemination of findings
- Support a system that shares technical assistance and training
- Support one-stop information centers placed in community hospitals, schools, medical and dental offices, and other venues where families congregate

## 7. EVALUATION

### Measuring Program Success

In the context of this strategic plan, evaluation refers to the process and methods by which the Butte County Children and Families First Commission and community stakeholders can assess the degree of progress made toward achieving the outcomes, objectives and desired results described in this plan as well as assess the effectiveness of funding allocation decisions.

Process and performance measures are listed below to represent potential indicators that are linked to the sample strategies in the previous section of the plan. Measures that indicate the success of programs and services, over time, will be the foundation of the evaluation process for Proposition 10 implementation in Butte County.

In general, process measures are short-term indicators of progress, or stepping-stones towards achieving long-term outcomes. For example, increasing the number of parents who attend parenting classes may indicate that the *process* of offering parenting classes in central locations is effective. Long-term, a decrease in the number of unintentional injuries to children may be associated with these increased parenting classes as a *performance* measure – or a tangible component in the desired outcome: healthy children in Butte County.

Many short-term process results should be accomplished in the next two to three years. By identifying long-term performance measures, the Commission has set the bar for achieving the highest standard of programs and services possible. The Commission expects its partners, grantees and contractors to seek these standards in their efforts to provide programs and services in the county.

### Sample Process Measures

Focus Area One

- Number of women enrolling in Medi-Cal and AIM and children 0-5 with Medi-Cal, Healthy Families, and private insurance
- Number of pregnant women and their families accessing health services
- Number of geographically, linguistically and culturally appropriate health services available
- Number of women receiving nutritional education
- Number of smoking cessation programs available and number of participants enrolling over time.
- Universal risk screening tool for the evaluation of children developmental and emotional behaviors available
- Immunization Registry in place
- Number of babies removed at birth due to exposure to alcohol and drugs
- Number of alcohol and drug treatment programs available for pregnant women and their families and number of pregnant women accessing these services

Focus Area Two

- Increased numbers of children enrolled in preschool/child care
- Increased numbers of children accessing specialized programs
- Increased number of collaborative partnerships

- Efficient referral systems in place
- Collaborative systems in place
- Numbers of parents becoming involved
- Increased requests for support in designing and implementing alternative models
- Number of professionals trained to perform developmental assessments

Focus Area Three

- Increased number of parent support and education programs in resource centers, shelters, community agencies, high schools and other centralized locations
- Increased parent participation in support and education programs
- Increased safe, affordable housing available to teen parents
- Increased number of home visits conducted
- Increased number of trained mentors and family advocates

Focus Area Four

- Increased number of health, child care, parent education and family support services offered at shared, accessible locations
- Increased number of services offered in the primary languages of the families they serve
- Implementation of a coordinated system for intake, referral and tracking
- Implementation of a coordinated system for data collection, evaluation and dissemination
- Increased number of providers trained and providing culturally appropriate and sensitive services
- Increased number of families reporting that they can access the services they need

**Sample Performance Measures**

Focus Area One

- Increased number of providers accepting Medi-Cal, AIM, and Healthy Families
- Increased number of pregnant women accessing early prenatal care
- Increased number of alcohol / drug and mental health services available and number of families these services
- Increased number of children with special needs accessing services
- Increased dental health for children zero to five years old
- Increased immunization rates
- Decreased low birth weight babies
- Decrease the number of fetal and infant
- Decrease the number of premature births
- Decreased number of drug exposed babies
- Decreased number of parents who smoke and exposure of children to second hand smoke
- Decreased exposure of children to environmental pollutants
- Decreased number of children who experience unintentional injuries

Focus Area Two

- Decreased substantiated Children's Services Division referrals
- Decrease in the number of special referrals in the primary grades
- Increase in the number of kindergarten adjustment rates reported by kindergarten teachers
- Increased ratings in program quality

- Increased number of children receiving early intervention services
- Increased number of children ready for school

Focus Area Three

- Decreased number of substantiated Children's Services Division referrals
- Decreased number of homeless families
- Decreased number of children entering foster care

Focus Area Four

- Increased healthy births
- Healthy children and adults
- Increased number of children ready for school

In years 2002/2003, the Commission selected and matched specific indicators including local and Statewide Proposition 10 Evaluation and Data System (PEDS) indicators. These selected indicators were matched with the newly prioritized Results and Desired Outcomes. See Appendix 7.

In years **2002/2003**, the Commission also established the Strategic Plan and Evaluation Committee to develop a multi-level evaluation plan, which will address the following:

1. Identify and monitor relevant community level indicators (for example the percent of babies born with low birth weight and the substantiated numbers of children, who are rescued from dangerous drug environments,

2. Evaluate the commission's adherence to its mission, goals, and operating principles,

3. Support continuous improvement by developing performance measures, which capture the milestones achieved and overall effectiveness of funded programs.

The Commission understands that a local, outside evaluation process is desirable and such an evaluation process will be implemented during the fiscal year 04. Therefore, in January 2004, the Commission will release its Request for Proposals to contract outside evaluation services for current and future grantee projects – all linked to the statewide Prop 10 Evaluation and Data System (PEDS). The Strategic Plan & Evaluation Ad Hoc Committee continues to guide and develop the Commission's overall evaluation planning efforts.

**The School Readiness Initiative in Butte County for the** 2002/2003 **fiscal years was a planning/implementation effort, identifying target schools and preparing for the implementation of School Readiness direct services during the next four-year period. Evaluation is one of the key factors, and is in place as a result of planning conducted during 2002/2003, using the State Commission's School Readiness planning funds offered to participating County Commissions.**

Issues to be addressed in the evaluation plan include the following:

- ✓ Frequency and timing for collection of data for all of the performance indicators contained in this plan. For example, the plan might call for quarterly collection of

data from service providers as necessary to evaluate the various indicators.

- ✓ Means of evaluating the performance of individual funded programs and verifying the appropriate utilization of funds from the Children and Families Trust Fund.
- ✓ Data collection methodology for all indicators and other evaluation criteria.
- ✓ Level of technical assistance to be provided to funded agencies and how agencies will be funded to participate in the evaluation process.
- ✓ Formats to be used for reporting and analysis of indicators and results.
- ✓ Means of using evaluation results to improve future versions of the strategic plan and future funding decisions.
- ✓ Coordination of evaluation efforts with other public and private children and families system evaluation efforts within Butte County.
- ✓ Coordination with, and leveraging of, successful evaluation models, tools and systems developed by the State Commission and other County Commissions.

8. Resource Allocation

The strategic plan, financial plan, funding allocation plan, and annual budget, provide different and interrelated financial information.

The strategic plan is the overarching policy document for the commission, providing consistent policy direction for the financial plan, funding allocation plan, and budget.

The Commission adopted a financial plan in fall of 2002 (Appendix 5). The financial plan forecasts revenues and expenses. It is the Commission's guiding financial framework for the funding allocation plan and annual budget.

The funding allocation plan was adopted in spring of 2003 (Appendix 8). It describes how funds will be allocated among programs, grants, and initiatives for fiscal years 04-05 through 06-07. The funding allocation plan identifies strategic plan priority areas including percentage allocation of funds per focus area. Both the financial plan and the funding allocation plan drive the annual budget detail.

**Funding Allocation Guidelines**

The Commission will conduct a formal Request For Proposal (RFP) process designed to maximize collaboration and open participation by existing and new community-based organizations or individuals.

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. In order to meet this overall goal, the following guidelines have been established related to the allocation and investment of Trust Fund monies.

1. Funds will only be allocated to activities that are in direct furtherance of the elements of this strategic plan or that are necessary for the operation of the Commission, consistent with the purposes expressed in the California Children and Families Act.

The Commission will actively seek to coordinate with other funding sources so that Proposition 10 resources are used wherever possible to (a) leverage funds from other sources so that the total monies available for early childhood development are increased, and/or (b) fill gaps where no other sources of funding can be identified to provide high-priority programs and services called for in this plan.

2. In compliance with California Revenue and Taxation Code section 30131.4, Trust Fund monies will be used only to supplement existing levels of service and not to fund existing levels of service. No monies from the Children and Families Trust Fund will be used to supplant state or local General Fund money for any purpose.

3. The Commission is committed to funding service providers that are able to objectively demonstrate the cost-effectiveness and overall efficacy of their services and that comply with other requirements of the Commission to ensure accountability of funds.

4. Since the number and magnitude of needs in Butte County far exceed the amount of funding available to the county each year from the Trust Fund, a multi-year investment strategy will be used. This means that funding will be targeted toward specific outcomes and objectives over multiple years (one, two and three years) in order to achieve a long-range impact. However, in recognition of the continuous changes that occur within the community and other funding sources, the Commission will make funding decisions one year at a time. There can be no guarantee of sustained support for programs funded in prior years.

5. Creative strategies will be pursued to achieve fiscal independence for funded programs wherever possible. This may include the ability of programs to generate their own revenues in the future and/or the ability to transition funding from the Commission to other sustainable sources so that Trust Fund resources are freed up for other purposes.

6. Funds may be allocated on a sole source basis or to a targeted collaborating group of providers, at the discretion of the Commission.

7. The Commission seeks to minimize administrative costs so that the most resources possible can be focused on achieving the goals and objectives described in this plan.

## APPENDICES

**Appendix 1**: Children and Families First Act
The complete text of the state laws that were implemented as a result of Proposition 10, the Children and Families First Act, is provided here to enable a greater understanding of the laws that guide the actions of the Butte County Children and Families Commission.

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SEC. 5, DIVISION 108

SECTION 130100 – 130155
130100. There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. These purposes shall be accomplished through the establishment, institution, and coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research.
(a) It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decision making, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems.
(b) The programs authorized by this act shall be administered by the California Children and Families First Commission and by county Children and Families First Commissions. In administering this act, the state and County commissions shall use outcome-based accountability to determine future expenditures.
(c) This division shall be known and may be cited as the "California Children and Families First Act of 1998." 130105. The California Children and Families First Trust Fund is hereby created in the State Treasury.
(a) The California Children and Families First Trust Fund shall consist of moneys collected pursuant to the taxes imposed by Section 30131.2 of the Revenue and Taxation Code.
(b) All costs to implement this act shall be paid from moneys deposited in the California Children and Families First Trust Fund.
(c) The State Board of Equalization shall determine within one year of the passage of this act the effect that additional taxes imposed on cigarettes and tobacco products by this act has on the consumption of cigarettes and tobacco products in this state. To the extent that a decrease in consumption is determined by the State Board of Equalization to be the direct result of additional taxes imposed by this act, the State Board of Equalization shall determine the fiscal effect the decrease in consumption has on the funding of any Proposition 99 (the Tobacco Tax and Health Protection Act of 1988) state health-related education or research programs in effect as of November 1, 1998, and the Breast Cancer Fund programs that are funded by excise taxes on cigarettes and tobacco products. Funds shall be transferred from the California Children and Families First Trust Fund to those affected programs as necessary to offset the revenue decrease directly resulting from the imposition of additional taxes by this act. Such reimbursements shall occur, and at such times, as determined necessary to further the intent of this subdivision.
(d) Moneys shall be allocated and appropriated from the California Children and Families First Trust Fund as follows:
(1) Twenty percent shall be allocated and appropriated to separate accounts of the state commission for expenditure according to the following formula:

(A) Six percent shall be deposited in a Mass Media Communications Account for expenditures for communications to the general public utilizing television, radio, newspapers, and other mass media on I-2 June 12, 2000 subjects relating to and furthering the goals and purposes of this act, including, but not limited to, methods of nurturing and parenting that encourage proper childhood development, the informed selection of childcare, information regarding health and social services, the prevention of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of secondhand smoke on early childhood development.
(B) Five percent shall be deposited in an Education Account for expenditures for programs relating to education, including, but not limited to, the development of educational materials, professional and parental education and training, and technical support for county commissions in the areas described in subparagraph (A) of paragraph (1) of subdivision (b) of Section 130125.
(C) Three percent shall be deposited in a Child Care Account for expenditures for programs relating to child care, including, but not limited to, the education and training of child care providers, the development of educational materials and guidelines for child care workers, and other areas described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 130125.
(D) Three percent shall be deposited in a Research and Development Account for expenditures for the research and development of best practices and standards for all programs and services relating to early childhood development established pursuant to this act, and for the assessment and quality evaluation of such programs and services.
(E) One percent shall be deposited in an Administration Account for expenditures for the administrative functions of the state commission.
(F) Two percent shall be deposited in an Unallocated Account for expenditure by the state commission for any of the purposes of this act described in Section 130100 provided that none of these moneys shall be expended for the administrative functions of the state commission.
(G) In the event that, for whatever reason, the expenditure of any moneys allocated and appropriated for the purposes specified in subparagraphs (A) to (F), inclusive, is enjoined by a final judgment of a court of competent jurisdiction, then those moneys shall be available for expenditure by the state commission for mass media communication emphasizing the need to eliminate smoking and other tobacco use by pregnant women, the need to eliminate smoking and other tobacco use by persons under 18 years of age, and the need to eliminate exposure to secondhand smoke.
(H) Any moneys allocated and appropriated to any of the accounts described in subparagraphs (A) to (F), inclusive, that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same account for the next fiscal period.
(2) Eighty percent shall be allocated and appropriated to county commissions in accordance with Section 130140.
(A) The moneys allocated and appropriated to county commissions shall be deposited in each local Children and Families First Trust Fund administered by each county commission, and shall be expended only for the purposes authorized by this act and in accordance with the county strategic plan approved by each county commission.
(B) Any moneys allocated and appropriated to any of the county commissions that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amounts) revert to and remain in the same local Children and Families First Trust Fund for the next fiscal period under the same conditions as set forth in subparagraph (A).
(e) All grants, gifts, or bequests of money made to or for the benefit of the state commission from public or private sources to be used for early childhood development programs shall be deposited in the California Children and Families First Trust Fund and expended for the specific

purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the state commission pursuant to paragraph (1) of subdivision (d).
(f) All grants, gifts, or bequests of money made to or for the benefit of any county commission from public or private sources to be used for early childhood development programs shall be deposited in the local Children and Families First Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the county commissions pursuant to paragraph (2) of subdivision (d).
130110. There is hereby established a California Children and Families First Commission composed of seven voting members and two ex officio members..I-3 June 12, 2000
(a) The voting members shall be selected, pursuant to Section 130115, from persons with knowledge, experience, and expertise in early child development, child care, education, social services, public health, the prevention and treatment of tobacco and other substance abuse, behavioral health, and medicine (including, but not limited to, representatives of statewide medical and pediatric associations or societies), upon consultation with public and private sector associations, organizations, and conferences composed of professionals in these fields.
(b) The Secretary of Health and Welfare and the Secretary of Child Development and Education, or their designees, shall serve as ex officio nonvoting members of the state commission.
130115. The Governor shall appoint three members of the state commission, one of whom shall be designated as chairperson. One of the Governor's appointees shall be either a county health officer or a county health executive.
The Speaker of the Assembly and the Senate Rules Committee shall each appoint two members of the state commission. Of the members first appointed by the Governor, one shall serve for a term of four years, and two for a term of two years. Of the members appointed by the Speaker of the Assembly and the Senate Rules Committee, one appointed by the Speaker of the Assembly and the Senate Rules Committee shall serve for a period of four years with the other appointees to serve for a period of three years. Thereafter, all appointments shall be for four-year terms. No appointee shall serve as a member of the state commission for more than two four-year terms.
130120. The state commission shall, within three months after a majority of its voting members have been appointed, hire an executive director. The state commission shall thereafter hire such other staff as necessary or appropriate. The executive director and staff shall be compensated as determined by the state commission, consistent with moneys available for appropriation in the Administration Account. All professional staff employees of the state commission shall be exempt from civil service. The executive director shall act under the authority of, and in accordance with the direction of, the state commission.
130125. The powers and duties of the state commission shall include, but are not limited to, the following:
(a) Providing for statewide dissemination of public information and educational materials to members of the general public and to professionals for the purpose of developing appropriate awareness and knowledge regarding the promotion, support, and improvement of early childhood development.
(b) Adopting guidelines for an integrated and comprehensive statewide program of promoting, supporting, and
improving early childhood development that enhances the intellectual, social, emotional, and physical
development of children in California.
(1) The state commission's guidelines shall, at a minimum, address the following matters:

(A) Parental education and support services in all areas required for, and relevant to, informed and healthy parenting. Examples of parental education shall include, but are not limited to, prenatal and postnatal infant and maternal nutrition, education and training in newborn and infant care and nurturing for optimal early childhood development, parenting and other necessary skills, child abuse prevention, and avoidance of tobacco, drugs, and alcohol during pregnancy. Examples of parental support services shall include, but are not limited to, family support centers offering an integrated system of services required for the development and maintenance of self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and such other prevention and family services and counseling critical to successful early childhood development.
(B) The availability and provision of high quality, accessible, and affordable child care, both in-home and at child care facilities, that emphasizes education, training and qualifications of care providers, increased availability and access to child care facilities, resource and referral services, technical assistance for caregivers, and financial and other assistance to ensure appropriate child care for all households.
(C) The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings, and treatment services not covered by other programs.
(2) The state commission shall conduct at least one public hearing on its proposed guidelines before they are adopted.
(3) The state commission shall, on at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate. I-4 June 12, 2000
(c) Defining the results to be achieved by the adopted guidelines, and collecting and analyzing data to measure progress toward attaining such results.
(d) Providing for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects.
(e) Soliciting input regarding program policy and direction from individuals and entities with experience in early childhood development, facilitating the exchange of information between such individuals and entities, and assisting in the coordination of the services of public and private agencies to deal more effectively with early childhood development.
(f) Providing technical assistance to county commissions in adopting and implementing county strategic plans for early childhood development.
(g) Reviewing and considering the annual audits and reports transmitted by the county commissions and, following a public hearing, adopting a written report that consolidates, summarizes, analyzes, and comments on those annual audits and reports.
(h) Applying for gifts, grants, donations, or contributions of money, property, facilities, or services from any person, corporation, foundation, or other entity, or from the state or any agency or political subdivision thereof, or from the federal government or any agency or instrumentality thereof, in furtherance of a statewide program of early childhood development.
(i) Entering into such contracts as necessary or appropriate to carry out the provisions and purposes of this act.
(j) Making recommendations to the Governor and the Legislature for changes in state laws, regulations, and services necessary or appropriate to carry out an integrated and comprehensive program of early childhood development in an effective and cost-efficient manner.
130130. Procedures for the conduct of business by the state commission not specified in this act shall be contained in bylaws adopted by the state commission. A majority of the voting

members of the state commission shall constitute a quorum. All decisions of the state commission, including the hiring of the executive director, shall be by a majority of four votes.
130135. Voting members of the state commission shall not be compensated for their services, except that they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the state commission.
130140. Any county or counties developing, adopting, promoting, and implementing local early childhood development programs consistent with the goals and objectives of this act shall receive moneys pursuant to paragraph (2) of subdivision (d) of Section 130105 in accordance with the following provisions:
(a) For the period between January 1, 1999 and June 30, 2000, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the entire number of births recorded in California (for the same period), provided that each of the following requirements has first been satisfied:
(1) The county's board of supervisors has adopted an ordinance containing the following minimum provisions:
(A) The establishment of a county children and families first commission. The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members.
(i) Two members of the county commission shall be from among the county health officer and persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services.
(ii) One member of the county commission shall be a member of the board of supervisors.
(iii) The remaining members of the county commission shall be from among the persons described in clause (i) and persons from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local childcare coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies..I-5 June 12, 2000
(B) The manner of appointment, selection, or removal of members of the county commission, the duration and number of terms county commission members shall serve, and any other matters that the board of supervisors deems necessary or convenient for the conduct of the county commission's activities, provided that members of the county commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the county commission.
(C) The requirement that the county commission adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county.
(i) The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted.
(ii) The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes

of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.
(iii) The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate.
(D) The requirement that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted.
(E) The requirement that the county commission conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted.
(F) The requirement that the county commission submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission.
(G) The requirement that the county commission prepare and adopt an annual audit and report pursuant to Section 130150. The county commission shall conduct at least one public hearing prior to adopting any annual audit and report.
(H) The requirement that the county commission conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of Section 130150.
(I) Two or more counties may form a joint county commission, adopt a joint county strategic plan, or implement joint programs, services, or projects.
(2) The county's board of supervisors has established a county commission and has appointed a majority of its members.
(3) The county has established a local Children and Families First Trust Fund pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.
(b) Notwithstanding any provision of this act to the contrary, no moneys made available to county commissions under subdivision (a) shall be expended to provide, sponsor, or facilitate any programs, services, or projects for early childhood development until and unless the county commission has first adopted an adequate and complete county strategic plan that contains the provisions required by clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a).
(c) In the event that any county elects not to participate in the California Children and Families First Program, the moneys remaining in the California Children and Families First Trust Fund shall be reallocated and reappropriated to participating counties in the following fiscal year.
(d) For the fiscal year commencing on July 1, 2000, and for each fiscal year thereafter, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the number of births recorded in all of the counties participating in the California Children and Families First Program (for the same period), provided that each of the following requirements has first been satisfied:
(1) The county commission has, after the required public hearings, adopted an adequate and complete county strategic plan conforming to the requirements of subparagraph (C) of paragraph (1) of subdivision (a), and has submitted the plan to the state commission.
(2) The county commission has conducted the required public hearings, and has prepared and submitted all audits and reports required pursuant to Section 130150. I-6 June 12, 2000
(3) The county commission has conducted the required public hearings on the state commission annual reports prepared pursuant to subdivision (b) of Section 130150.
(e) In the event that any county elects not to continue participation in the California Children and Families First Program, any unencumbered and unexpended moneys remaining in the local Children and Families First Trust Fund shall be returned to the California Children and Families First Trust Fund for reallocation and reappropriation to participating counties in the following fiscal year.

130145. The state commission and each county commission shall establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of this act. Each advisory committee shall meet and shall make recommendations and reports as deemed necessary or appropriate.
130150. On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.
(a) The audits and reports of each county commission shall be transmitted to the state commission.
(b) The state commission shall, on or before January 31 of each year, prepare a written report that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions for the preceding fiscal year. This report by the state commission shall be transmitted to the Governor, the Legislature, and each county commission.
(c) The state commission shall make copies of each of its annual audits and reports available to members of the general public on request and at no cost. The state commission shall furnish each county commission with copies of those documents in a number sufficient for local distribution by the county commission to members of the general public on request and at no cost.
(d) Each county commission shall make copies of its annual audits and reports available to members of the general public on request and at no cost.
130155. The following definitions apply for purposes of this act:
(a) "Act" means the California Children and Families First Act of 1998.
(b) "County commission" means each county children and families first commission established in accordance with Section 130140.
(c) "County strategic plan" means the plan adopted by each county children and families first commission and submitted to the California Children and Families First Commission pursuant to Section 130140.
(d) "State commission" means the California Children and Families First Commission established in accordance with Section 130110.

CALIFORNIA CODES
REVENUE AND TAXATION CODE
CHAPTER 2 OF PART 13, DIVISION 2
SECTION 30131 – 30131.6
30131. Notwithstanding Section 30122, the California Children and Families First Trust Fund is hereby created in the State Treasury for the exclusive purpose of funding those provisions of the California Children and Families First Act of 1998 that are set forth in Division 108 (commencing with Section 130100) of the Health and Safety Code.
30131.1. The following definitions apply for purposes of this article: (a) "Cigarette" has the same meaning as in Section 30003, as it read on January 1, 1997. (b) "Tobacco products" includes, but is not limited to, all forms of.cigars, smoking tobacco, chewing tobacco, snuff, and any other articles or products made of, or containing at least 50 percent, tobacco, but does not include cigarettes.
30131.2. (a) In addition to the taxes imposed upon the distribution of cigarettes by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121) and any other taxes in this chapter, there shall be imposed an additional surtax upon every distributor of

cigarettes at the rate of twenty-five mills ($0.025) for each cigarette distributed. (b) In addition to the taxes imposed upon the distribution of tobacco products by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121), and any other taxes in this chapter, there shall be imposed an additional tax upon every distributor of tobacco products, based on the wholesale cost of these products, at a tax rate, as determined annually by the State Board of Equalization, which is equivalent to the rate of tax imposed on cigarettes by subdivision (a).

30131.3. Except for payments of refunds made pursuant to Article 1 (commencing with Section 30361) of Chapter 6, reimbursement of the State Board of Equalization for expenses incurred in the administration and collection of the taxes imposed by Section 30131.2, and transfers of funds in accordance with subdivision (c) of Section 130105 of the Health and Safety Code, all moneys raised pursuant to the taxes imposed by Section 30131.2 shall be deposited in the California Children and Families First Trust Fund and are continuously appropriated for the exclusive purpose of the California Children and Families First Program established by Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.4. All moneys raised pursuant to taxes imposed by Section 30131.2 shall be appropriated and expended only for the purposes expressed in the California Children and Families First Act, and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families First Trust Fund shall be used to supplant state or local General Fund money for any purpose.

30131.5. The annual determination required of the State Board of Equalization pursuant to subdivision (b) of Section 30131.2 shall be made based on the wholesale cost of tobacco products as of March 1, and shall be effective during the state's next fiscal year.

30131.6. THE TAXES IMPOSED BY SECTION 30131.2 SHALL BE IMPOSED ON EVERY CIGARETTE AND ON TOBACCO PRODUCTS IN THE POSSESSION OR UNDER THE CONTROL OF EVERY DEALER AND DISTRIBUTOR ON AND AFTER 12:01 A.M. ON JANUARY 1, 1999, PURSUANT TO RULES AND REGULATIONS PROMULGATED BY THE STATE BOARD OF EQUALIZATION.